2005 FOR PROFIT CORPORATION

Sep 08, 2005 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P04000033874 1. Entity Name 09-08-2005 90067 024 ***158.75 PLANET TANNER SUPERIOR FLOORING INC. Principal Place of Business Mailing Address 223 SANTO THOMAS ST 223 SANTO THOMAS ST 1466666 PANAMA CITY BEACH, FL 32413 PANAMA CITY BEACH, FL 32413 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 09062005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 48-0578797 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TANNER, SCOTT LESLIE 223 SANTO THOMAS ST Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY BEACH, FL 32413 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Due by September 7, 2005 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE **PCEO** TITLE Delete ☐ Change Addition TANNER, SCOTT LESLIE NAME NAME STREET ADDRESS 223 SANTO THOMAS ST STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH, FL 32413 CITY-ST-ZIP TITLE s Delete Change ☐ Addition ADAMS AMY NAME NAME STREET ADDRESS 223 SANTO THOMAS ST STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH, FL 32413 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITEF Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

Ctty-St-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

COTT

FILED