2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # P04000034233 1. Entity Name NATIVE FLOOR COVERING, INC.				05-0	02-2005 90491 035	5 ***150	00.00	
Principal Plac	e of Business	Mailing Address		1		•		
3540 ALOHA DR. Sarasota, Fl. 34232 us		3540 ALOHA DR. Sarasota, fl. 34232 us			•			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04272005 Chg	-P CR2E034	(10/03)		
City & State		City & State		4. FEI Number 20-0762	368		plied For Applicable	
Zip	Country	Zip	Country	5. Certificate of Status	Desired \$8	3.75 Addi	tional	
	6. Name and Address of Current	Registered Agent		7. Name and Address	of New Registered Age			
ATCHLEY, BILLY			Name	Name				
3540 ALOHA DR. SARASOTA, FL 34231			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
			City		FL	Zip Code	-	
8. The above the obligat	named entity submits this statement folions of registered agent.	or the purpose of changing its r	egistered office or regis	tered agent, or both, in the S	State of Florida. I am fan	niliar with,	and accept	
SIGNATURE				,				
	Signature, typed or printed name of registered agen	t and life if applicable (NOTE:	Registered Agent signature requi	red when reinstating)	DATE			
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campaig Trust Fund Contri	gn Financing \$ button. A	5.00 May Be dided to Fees				
10.	OFFICERS AND		11.	ADDITIONS/CHANGE	S TO OFFICERS AND D	IRECTORS	IN 11	
TITLE NAME	P ATCHLEY, BILLY	Delete	TITLE NAME			Change	Addition	
STREET ADDRESS	3540 ALOHA DR.		STREET ADDRESS					
CITY-ST-ZIP	SARASOTA,, FL 34232		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	Addition	
NAME STREET ADDRESS			NAME					
CITY-ST-ZIP			STREET ADDRESS					
TITLE			STRFET ADDRESS CITY+ST+ZIP				Í	
TITLE	,	☐ Delete			E	Change	Addition	
NAME		☐ Delete	CITY-ST-ZIP TITLE NAME		<u> </u>	Change	Addition	
		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS			Change	Addition	
NAME STREET ADDRESS			CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS			Change Change	Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			CITY-ST-ZIP THILE NAME STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME] Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ Delete	CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP THLE HAME STREET ADDRESS CITY-SI-ZIP THLE HAME STREET ADDRESS CITY-SI-ZIP THLE HAME STREET ADDRESS CITY-SI-ZIP THLE		C] Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME THEET ADDRESS CITY-ST-ZIP TITLE HAME		☐ Delete☐ Del	CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP THLE HAME STREET ADDRESS CITY-SI-ZIP THLE HAME STREET ADDRESS CITY-SI-ZIP THLE HAME STREET ADDRESS CITY-SI-ZIP THLE NAME		C	☐ Change ☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ Delete☐ Del	CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP THLE HAME STREET ADDRESS CITY-SI-ZIP THLE HAME STREET ADDRESS CITY-SI-ZIP THLE HAME STREET ADDRESS CITY-SI-ZIP THLE		C	☐ Change ☐ Change	Addition	

12. I nereby Certify that the information supplied with this liling 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.

1.1 21

SIGNATURE: _

SIGNATUME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/05

Daytima Phone #