


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 31, 2005 8:00 am
Secretary of State

08-31-2005 90012 011 ***158.75

DOCUMENT # P04000062541	
1. Entity Name BLUE RIDGE COASTAL FLOORING, INC.	

Principal Place of Business 10819 CR 121 BRYCEVILLE FL 32009	Mailing Address 10819 CR 121 BRYCEVILLE FL 32009
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2. Principal Place of Business 471 Jonathan St.	3. Mailing Address 471 Jonathan St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

2nd MOORE CR2E034 (5/05)

City & State Macclesney, FL	City & State Macclesney, FL
Zip 32063	Zip 32063
Country	Country

4. FEI Number 90-0243087	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CALDERON, DEBORAH L 10819 CR 121 BRYCEVILLE FL 32009	
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7. Name and Address of New Registered Agent	
Name Calderon, Deborah L	
Street Address (P.O. Box Number is Not Acceptable) 471 Jonathan St.	
City Macclesney	FL Zip Code 32063

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 *D Calderon* (NOTE: Registered Agent signature required when reinstating) DATE **8/24/05**

FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CALDERON, DEBORAH L 10819 CR 121 BRYCEVILLE FL 32009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Calderon, Deborah L 471 Jonathan St. Macclesney, FL 32063 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *D Calderon* **8/24/05 (904)259-1138**