

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000121183

1. Entity Name
ELITE FLOORCRAFTERS, INC.



FILED

05 AUG 15 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07292005 Chg-P CR2E034 (10/03)

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| Principal Place of Business 293 E. KNIGHTS BRIDGE PLACE LECANTO, FL 34461 | | Mailing Address 293 E. KNIGHTS BRIDGE PLACE LECANTO, FL 34461 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 11-3729162 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PONDER, CHARLES J 21 BEVERLY HILLS BLVD. BEVERLY HILLS, FL 34465 | | 7. Name and Address of New Registered Agent Name DANIEL L. SMITH Street Address (P.O. Box Number is Not Acceptable) 293 E KNIGHTS BRIDGE PLACE City LECANTO FL Zip Code 34461 | |
| 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 DATE 8-10-05 (NOTE: Registered Agent signature required when reinstating) | | | |
| Amended AR is \$61.25 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SMITH, DANIEL L <input type="checkbox"/> Delete 293 E. KNIGHTSBRIDGE PLACE LECANTO, FL 34461 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/P FRISBIE, DONALD R. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5318 NE 14th AVENUE OCALA, FL 34479 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SOT SMITH, ANDREA N <input type="checkbox"/> Delete 293 E. KNIGHTSBRIDGE PLACE LECANTO, FL 34461 | 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 | 70005869394 <input type="checkbox"/> Change <input type="checkbox"/> Addition 08/17/05--01040--011 **\$61.25 |
| 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-10-05

Date Daytime Phone #