


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90085 047 \*\*\*150.00

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| <b>DOCUMENT # P04000136615</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                                                                                                                     |                                                              |                                                                                                                             |                                      |
| 1. Entity Name<br>YANCEY FLOORING BY E. DAVID, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                                                                                                                     |                                                              |                                                                                                                                                                                                              |                                      |
| Principal Place of Business<br>23712 OAK AVENUE<br>SORRENTO, FL 32776 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                                                                                                                     | Mailing Address<br>23712 OAK AVENUE<br>SORRENTO, FL 32776 US |                                                                                                                                                                                                              |                                      |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                                                                                                                     | 3. Mailing Address                                           |                                                                                                                                                                                                              |                                      |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                                                                                                                     | Suite, Apt. #, etc.                                          |                                                                                                                                                                                                              |                                      |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                                                                                                     | City & State                                                 |                                                                                                                                                                                                              |                                      |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   | Country                                                                                                             | Zip                                                          |                                                                                                                                                                                                              | Country                              |
| 6. Name and Address of Current Registered Agent<br>YANCEY, DAVID E<br>23712 OAK AVENUE<br>SORRENTO, FL 32776                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                                                                                                     |                                                              | 7. Name and Address of New Registered Agent<br>Name: <u>Yancey, Eugene D.</u><br>Street Address (P.O. Box Number is Not Acceptable): <u>23712 OAK AVE</u><br>City: <u>Sorrento</u> FL Zip Code: <u>32776</u> |                                      |
| 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                                                                     |                                                              |                                                                                                                                                                                                              |                                      |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |                                                              |                                                                                                                                                                                                              |                                      |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |                                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11        |                                                                                                                                                                                                              |                                      |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D <input type="checkbox"/> Delete |                                                                                                                     | TITLE                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                            |                                      |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | YANCEY, DAVID E                   |                                                                                                                     | NAME                                                         |                                                                                                                                                                                                              |                                      |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 23712 OAK AVENUE                  |                                                                                                                     | STREET ADDRESS                                               |                                                                                                                                                                                                              |                                      |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SORRENTO, FL 32776                |                                                                                                                     | CITY-ST-ZIP                                                  |                                                                                                                                                                                                              |                                      |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete   |                                                                                                                     | TITLE                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                            |                                      |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                                                                                                     | NAME                                                         |                                                                                                                                                                                                              |                                      |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                                                                                                                     | STREET ADDRESS                                               |                                                                                                                                                                                                              |                                      |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                                                                                                                     | CITY-ST-ZIP                                                  |                                                                                                                                                                                                              |                                      |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete   |                                                                                                                     | TITLE                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                            |                                      |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                                                                                                     | NAME                                                         |                                                                                                                                                                                                              |                                      |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                                                                                                                     | STREET ADDRESS                                               |                                                                                                                                                                                                              |                                      |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                                                                                                                     | CITY-ST-ZIP                                                  |                                                                                                                                                                                                              |                                      |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete   |                                                                                                                     | TITLE                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                            |                                      |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                                                                                                     | NAME                                                         |                                                                                                                                                                                                              |                                      |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                                                                                                                     | STREET ADDRESS                                               |                                                                                                                                                                                                              |                                      |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                                                                                                                     | CITY-ST-ZIP                                                  |                                                                                                                                                                                                              |                                      |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete   |                                                                                                                     | TITLE                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                            |                                      |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                                                                                                     | NAME                                                         |                                                                                                                                                                                                              |                                      |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                                                                                                                     | STREET ADDRESS                                               |                                                                                                                                                                                                              |                                      |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                                                                                                                     | CITY-ST-ZIP                                                  |                                                                                                                                                                                                              |                                      |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u>Eugene D Yancey</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                                                                                                                     | Date: <u>4-12-05</u>                                         |                                                                                                                                                                                                              | Daytime Phone #: <u>407-970-0200</u> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                                                                     | Date                                                         |                                                                                                                                                                                                              | Daytime Phone #                      |

