2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 14, 2006 8:00 am Secretary of State DOCUMENT # P05000019031 1. Entity Name 03-14-2006 90030 028 ***158.75 GARRY DAVIS FLOORING, INC. Principal Place of Business Mailing Address 3011 SE 5TH TERRACE OCALA FL 34471 3011 SE 5TH TERRACE OCALA FL 34471 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 202263211 Not Applicable Zip Country 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 DAVIS, GARRY D Street Address (P.O. Box Number is Not Acceptable) 3011 SE 5TH TERRACE OCALA FL 34471 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, typen or pre-mame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be - After May 1, 2006 Fee Will Be \$550.00 -Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE P/S Delete TITLE ☐ Change Addition NAME DAVIS, GARRY D NAME STREET ADDRESS 3011 SE 5TH TERRACE STREET ADDRESS CITY-ST-ZIP OCALA FL 34471 CITY-ST-ZIP VΡ □ Detete ☐ Change ☐ Addition NAME DAVIS, JOSHUA A NAME STREET ADDRESS STREET ADDRESS 3011 SE 5TH TERRACE CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34471 ☐ Detete TITLE ☐ Change THILE ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Defete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P TITLE Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP

12. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Section 119, 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

SIGNATURE

FILED