2007 FOR PROFIT CORPORATION

Mar 27, 2007 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # P06000040371 03-27-2007 90006 008 ***150.00 1. Entity Name CHRISTY'S CARPET & VINYL, INC. Principal Place of Business Mailing Address 4111146140 15501 NW 25TH TERRACE 15501 NW 25TH TERRACE GAINESVILLE, FL 32609 GAINESVILLE, FL 32609 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01272007 Cha-P CR2E034 (12/06) 4. FEI Number 20-4562090 Applied For City & State City & State Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MIDGETT, CHRISTY L Street Address (P.O. Box Number is Not Acceptable) 15501 NW 25TH TERRACE GAINESVILLE, FL 32609 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 _______Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 1Ò. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition MIDGETT, CHRISTY L NAME NAME STREET ADDRESS 15501 NW 25TH TERRACE STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32609 CITY-ST-ZIP Delete Change Addition TITLE TITLE THOMAS, DERRICK M NAME NAME STREET ADDRESS 15501 NW 25TH TERRACE STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32609 CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-7IP TITLE Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CJTY-ST-7IP CITY-ST-ZIP Delete TITLE Change □ Addition NAME MAKE STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: 3

FILED