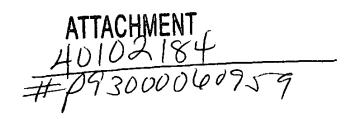
2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 31, 2006 8:00 am Secretary of State

DOCUMENT # P93000060959 1. Entity Name FLOORLANDO CARPETS, INC.						08-31-2006	5 90001 017 *	**15	0.00
Principal Place of Business 2362 PEMBERTON DR S-103 APOPKA, FL 32704		Mailing Address POST OFFICE BOX 1058 APOPKA, FL 32704-1058							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State			07312006 4. FEI Number	Chg-P	CR2E034 (11		olied For
					59-2776823 Not Applicable 5 Carifficate of Status Desired				
Zip	Country -	Zip	Country	у	5. Certificate of	Status Desired		5 Addi equired	
	6. Name and Address of Currer		Name	7. Name and Address of New Registered Agent					
MCCOY, CLYDE 1375 S HARBOR DR MERRITT ISLAND, FL 32952				Street Address (P.O. Box Number is Not Acceptable)					
		•	-	City			FL Zi	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.								and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	FICERS AND DIRE		IN 11
NAME STREET ADDRESS CITY-ST-ZIP	MCCOY, CLYDE JR 1375 S HARBOR DR. MERRITT ISLAND, FL 32952	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP			c	ange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADORESS			ci	nange	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP			c	nange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP			□ c	талде	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADORESS ST-ZIP			□ c	range	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP			c	nange	Addition
12. I hereby	certify that the information supplied w	ith this filing does not qualify for	or the exer	nptions contained	d in Chapter 119,	Florida Statutes.	I further certify that	t the in	formation

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: 4 MCG A LOCAL CLASS MCCCA THE DES SOUTH PROPERTY PROPER



PROVISION FOR WAIVER OF THE \$400.00 LATE FEE:

The only provision the Division of Corporations has for waiver of the \$400.00 late fee is if the annual report notice was not received. A letter stating this fact must accompany the completed annual report along with the original annual report fee.

#P93000060959

	I did tally to a lody
	I did tally to a lody. she did say an Note. this T
	did not Receive a payment form.
	L'un been dr. since 1989.
· · · · · · · · · · · · · · · · · · ·	this has fit Happened 2 time.
	in the Pack 5 years the addus
	hes not Changed Sura 1589.
	She did not know why it yet
	happel. : 30 Plane exent this.
	payment + ek.
	Clyds MCZ.
	