
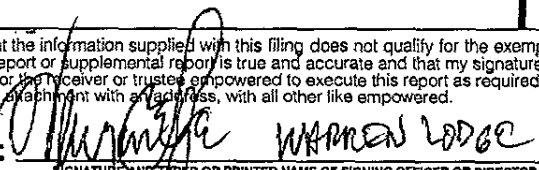


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000029036		
1. Entity Name TRI CITY FLOORING, INC.		
Principal Place of Business 11596 PIERSON RD BLDG M-1 WELLINGTON, FL 33414	Mailing Address 11596 PIERSON RD BLDG M-1 WELLINGTON, FL 33414	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LODGE, WARREN 11596 PIERSON RD BLDG M-1 WELLINGTON, FL 33414		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when photographing)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LODGE, WARREN 11596 PIERSON RD BLDG M-1 WELLINGTON, FL 33414	
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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.		
SIGNATURE:  WARREN LODGE		Date <u>1/24/06</u> # <u>561-753-9006</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0568836 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

U00000407964
02/08/06-80040-025 150.00

**DO NOT WRITE
IN THIS SPACE**