**2004 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

SCHARBER FLOORING, INC.  Principal Place of Business 3311 DARBY ROAD DADE CITY FL 33625  2. Principal Place of Business Substance of Date of Date of Business Substance of Business Subs	DOCUMENT # P97000033688  1. Entity Name						Secretary of State		
2. Findings   Place of Euroness   3. Making Address   3. Making Address   4. FET Number   59-3449365   4. FET Number   49-449365	•						Secreta	ary or sta	ic .
DADE CITY FL 33825	Principal Plac	e of Businesi	š	Mading Address			·		
Suite, Apt. 4, etc.    Suite, Apt. 4, etc.   Suite   Dity & State				32111 DARBY ROAD DADE CITY FL 33525	5				
Coy & State  Coy & State  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  S. 7. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  SCHARBER, JOHNNY 32111 DARBY ROAD  DADE CITY FL 33625  City  FL Zip Code  R. The above named entity submiss this statement for the purpose of changing its registered dipont, or both, in the State of Floridal. I am familier well, and soccept the obligations of registered agent.  SIGNATURE  THE NOW!!! FEE IS \$150.00  After May 1, 2000 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS NO 11/12  THE NOW. SCHARBER, JOHNNY  SIRST ADDRESS  CITY 51-2P  TILE  SIRST ADDRESS	2. Principal Place of Business			3. Mailing Address					
Country   Zip	Suite, Apt. #, etc.			Suite, Apt #, etc		MOORE	CR2E034 (11/03)		
Country	City & State			Orty & State		4. FEI Number 59-3449365	; <u> </u>		
SCHARBER, JOHNNY 32111 DARRY ROAD DADE CITY FL 33S25  R. 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. (am familiar with, and accept the obligations of registered agent.)  SIGNATURE  R. 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. (am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. (am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. (am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. (am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. (am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. (am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. (am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. (am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. (am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. (am familiar with, and accept the obligations of Florida Department of State of Florida Department of Stat	Z <sub>i</sub> p		Country	Zip	Country		5. Certificate of Status Desired		Additional
SCHARBER, JOHNNY 32111 DARBY ROAD DADE CITY FL 33525    City   FL   Zip Code		6. Name	and Address of Current	t Registered Agent			7. Name and Address of New R	egistered Agent	
DATE CITY FL 33525  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. Can familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOWILI FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICER AND DIRECTORS IN 11. ADDITIONS/CHANGES TO OFFICER AND DIRECTORS I	32111 DARBY ROAD								
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Comparison of the obligations of registered agent.   Comparison of the obligations of registered agent.   Comparison of the obligations of registered agent.   Comparison of regist						Greek Address (F.O. BOX Number IS NOT Acceptable)			
SIGNATURE     STATE     STATE					Cii	ły		FL Zip C	Gode
Name	8. The above the obligat	named entity ions of regist	y submits this statement tered agent.	or the purpose of changing its	s registered of	fice or register	ed agent, or both, in the State of Flo	rida. I am familiar w	ith, and accept
### After May 1, 2004 Fee will be \$550.00   Make Check Payable to Florida Department of State   10.	SIGNATURE.	Signature, typed	or printed name of registered agen	t and sile if applicable. (NO	TE Registered Agen	deruger equienge in	when reinstating)	DATE	
Make Check Payable to Florida Department of State							9 Flection Campaign Fin	ancina <b>©</b>	. 00
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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.

GNATURE:

3-9-04

353-586-3050

OFFICER OR DIRECTOR