2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 03, 2006 08:00 AM **DOCUMENT # P97000088103** Secretary of State 1. Entity Name SUN FLOOR COVERINGS, INC. Principal Place of Business Mailing Address 4083 SAWYER CT 2170 SHADOW OAKS ROAD SARASOTA, FL 34233 SARASOTA, FL 34240 No Chg-P CR2E034 (11/05) 01242006 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0786904 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEROUGE, ROBERT J DO NOT WRITE 2170 SHADOW OAKS ROAD SARASOTA, FL 34240 IN THIS SPACE 6. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Repistered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE LEROUGE, ROBERT J NAME STREET ADDRESS 2170 SHADOW OAKS ROAD CITY-ST-ZIP SARASOTA, FL 34240 U00000417140 02/13/06-80043-010 150 00 **TITLE** NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-217 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not quality 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 ell-other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NATURE AND FIRED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/06

Daytime Phone #

FILED