## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 19, 2006 08:00 AM Secretary of State

ANNUAL REPORT				Jan 19, 2000 00.00 Alvi	
DOCU	MENT # P98000002	2530		Secretary of State	
1. Entity Nam DUDLEY	FLOORING, INC.				
4437 CENTR	e of Business NAL AVENUE NURG, FL 33713	Mailing Address 4437 CENTRAL AVENUE ST PETERSBURG, FL 33713		 	
D	OO NOT WRITE		CE	01032006 No Chg-P CR2E034 (11/05)  4. FEI Number	
-	6. Name and Address of Current	Registered Agent	-{		
KRODEL, WILLIAM H EA,PA 4437 CENTRAL AVE. ST. PETERSBURG, FL 33713				DO NOT WRITE IN THIS SPACE	
the obligat	tions of registered agent.	r the purpose of changing its registe	red office or register	red agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE, Register	red Agent signature required	( when reinstating) OATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Campaign Fina Trust Fund Contribution		.00 May Be ed to Fees	
10.	OFFICERS AND	DIRECTORS	4		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DUDLEY, WENDELL 4437 CENTRAL AVENUE ST PETERSBURG, FL 33713	·		000 <b>00</b> 0390323 01/24/06-80018-020 150.00	
TITLE NAME STREET ADDRESS CITY -ST-ZIP	1	ELETE		01/24/05-80018-020 150.00	
NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

12. Thereby certify that the information supplied with this filling 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 eath; 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR

ale Dayrirne Phone #