04/27/2004 12:59 FAX 386 673 0482 HPWW

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May 03, 2004 8:00 am
Secretary of State
05-03-2004 90741 032 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000009433

1. Entity Name
BEYNON FLOOR GROUP INC

Principal Place of Business	Mailing Address
290 WILMETTE AVE. ORMOND BCH, FL 32174	290 WILMETTE AVE. ORMOND BCH, FL 32174

04272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
403 Flomich St.	403 Flomich St.
Suite, Apt. #, etc.: Unit E	Suite, Apt. #, etc.: Unit E
City & State: ~~Holly Hill, FL~~	City & State: HollyHill, Florida
Zip: 32117 Country: USA	Zip: 32117 Country: usa

4. FEI Number: 59-3554226 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
MCCAULEY, WILLIAM
290 WILMETTE AVE.
ORMOND BCH, FL 32174

7. Name and Address of New Registered Agent
Name: ~~Mary Russell~~
Street Address (P.O. Box Number is Not Acceptable): ~~110 Limewood Pl. #6~~
Ormond Beach, Fl. 32174
City: Ormond Beach, FL FL Zip Code: 32174

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: Mary Russell Mary Russell, clerk April 27, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SITTERLY, SUSAN 94 SOUTHLAND RD ORMOND BEACH, FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCCAULEY, WILLIAM 901 LAKEWOOD DR HOLLY HILL, FL 32117	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Susan Sitterly Susan Sitterly,President April 27,2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #