ANNUAL REPORT (AR)

DOCUMENT # P99000017472 **FILED** 1. Entity Name Jan 30, 2007 08:00 AM CUSTOM HARDWOOD FLOORS OF CHIPLEY, INC. Secretary of State Principal Place of Business Mailing Address 3103 SEMÍNOLE ROAD 3103 SEMINOLE ROAD CHIPLEY FL 32428 CHIPLEY FL 32428 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Numbor Applied For 59-3568288 Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BLUE, ROB JR 221 MCKENZIE AVENUE Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY FL 32401 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when rainstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. IIII ☐ Delete MILE ☐ Change U00000611579 NOSS, RONALD A NAME NAME 02/02/07-80069-004 150.00 3103 SEMINOLE ROAD STREET ADDRESS STREET ADDRESS CHIPLEY FL 32428 CITY - ST - ZIP CITY-ST-ZIP ٧P HILE ☐ Defete TITLE ☐ Change ☐ Addition NOSS, RONALD A II NAME NAME 3026 SEMINOLE ROAD STREET ADDRESS STREET ADDRESS CHIPLEY FL 32428 CITY ST-717 CITY - ST- 2IP ☐ Delete MILE ☐ Change T Addition NOSS, MARY NAME 3103 SEMINOLE ROAD SIRVE LADDRESS STREET ADDRESS CHIPLEY FL 32428 CITY-ST-ZIP CITY SI-71P TITLE ☐ Delete TITLE ☐ Change □ Addition NOSS, ISAAC J NAME NAME 3207 PALM BLVD STREET ADDRESS STREET ADDRESS CHIPLEY FL 32428 CITY-ST-7/P CITY ST-ZIP Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP IIILE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP

^{12.} I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 1.19. Florida Statutes 1 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.