2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 25, 2008 08:00 AN Secretary of State DOCUMENT # P99000017472 1. Entity Name CUSTOM HARDWOOD FLOORS OF CHIPLEY, INC. Principal Place of Business Mailing Address 3103 SEMINOLE 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 (10/07) City & State City & State 4. FEI Number Applied For 59-3568288 Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLUE, ROB JR Street Address (P.O. Box Number is Not Acceptable) 221 MCKENZIE AVENUE PANAMA CITY FL 32401 Zip Code 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 coligations of registered agent. Signature, Typed or printed name of registered agent and title if upplicable. (NOTE: Registered Agent eiginatura required when reinstriting) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be 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 TITLE Derete TITI F ☐ Change Addition NAME NOSS, RONALD A NAME Unggoog69594 STREET ADDRESS 3103 SEMINOLE ROAD STREET ADDRESS 04/03/08-80056-003 150.00 CITY-ST-ZIP CHIPLEY FL 32428 CITY-ST-ZIP TITLE ☐ Oalete □ Change TITLE ■ Addition NOSS, RONALD A II NAME NAME STREET ADDRESS 3026 SEMINOLE ROAD STREET ADDRESS CITY-ST-ZIP CHIPLEY FL 32428 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NOSS, MARY NAME STREET ADDRESS 3103 SEMINOLE ROAD STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP CHIPLEY FL 32428 TITLE ☐ Delete Change Addition NAME NOSS, ISAAC J STREET ADDRESS 3207 PALM BLVD STREET ADDRESS CITY-ST-2IP CHIPLEY FL 32428 CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-S1-ZiP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.

SIGNATURE: Ronald A. Noss Sr. SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OF

Flore School A, Musso Sn 3/19/08 850-638-4528

FILED