2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 22, 2004 8:00 am Secretary of State DOCUMENT # J93081 1. Entity Name 04-22-2004 90056 033 ***150.00 ROBINETTE'S TILE & CARPET, INC. Principal Place of Business Mailing Address 15800 BROTHERS CT 15800 BROTHERS CT FORT MYERS FL 33912 FORT MYERS FL 33912 2. Principal Place of Business 3. Mailing Address #15880 Summurlin 15880 5 Suite, Apt. #, etc. Suite, Apt. #, etc MOORE CR2E034 (11/03) # 30 City & State City & State 4. FEI Number Applied For 65-0012270 Not Applicable Country 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 -ROBINETTE, RODNEÝ Street Address (P.O. Box Number is Not Acceptable) 2208 NORTHWEST 43RD AVENUE CAPE CORAL FL 33993 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. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE TITLE Change ☐ Addition ☐ Delete Rowling Robinstle. 7490 Key Deer Ct. NAME ROBINETTE, RODNEY NAME STREET ADDRESS STREET ADDRESS 2208 NORTHWEST 43RD AVENUE CAPE CORAL FL 33993 CITY-ST-7IP CITY-ST-7IP Ft. Myers, FL 33917 STD ☐ Change TITLE ☐ Delete TITLE ☐ Addition Jean Robinette ROBINETTE, JEAN NAME NAME 7490 Kay Dear Ct. 2208 NORTHWEST 43RD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33993 CITY-ST-ZIP FT. MURIS FL 33917 TITLE ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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 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.

FILED

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