2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 29, 2005 8:00 am Secretary of State DOCUMENT # J93081 1. Entity Name 04-29-2005 90215 035 ***150.00 ROBINETTE'S TILE & CARPET, INC. Principal Place of Business Mailing Address 15880 SUMMERLIN RD 15880 SUMMERLIN RD #303 FORT MYERS FL 33908 FORT MYERS FL 33908 2. Principal Place of Business 3. Mailing Address 15520 > <u>15520 Sonom</u> Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) *₩ 10(* # 10(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 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBINETTE, RODNEY Address (P.O. Box Number is Not Acceptable) 7490 KAY DEER CT. FORT MYERS FL 33912 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 obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 THILE PD TITLE Robinette, Rochny ☐ Change ☐ Defete 15520 Sonoma Drive # 106 ROBINETTE, RODNEY NAME NAME 7490 KEY DEER CT STREET ADDRESS STREET ADDRESS FF. Muss, FL 33908. FORT MYERS FL 33912 CITY-ST-ZIP CITY-ST-7IP STD ☐ Change ☐ Addition DILE ☐ Defete TITLE Robinster, Jean ROBINETTE, JEAN NAME 15520 Sonoma Drwe # 106 NAME STREET ADDRESS 7490 KEY DEER CT. STREET ADDRESS 180PEE J7, 2WM . FT CITY-ST-ZIP FORT MYERS FL 33912 CITY-ST-7IP Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 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 turther 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 amorficer 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 Biblick 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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