

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90023 023 ****61.25

DOCUMENT # N21472

1. Entity Name

RUG CUTTERS EXHIBITION TEAM, INCORPORATED



Principal Place of Business

337 DESOTO ST
TALLAHASSEE FL 32303
US

Mailing Address

337 DESOTO ST
TALLAHASSEE FL 32303
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2948547

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOYD, FOSTER SCOTT
2023 E FOREST DR
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name **BOYD, FOSTER SCOTT**

Street Address (P.O. Box Number is Not Acceptable)

2921 BRANDEMERE

City **TALLAHASSEE**

FL

Zip Code

32312

I, 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D BOYD, SCOTT**
STREET ADDRESS **2023 E FOREST DR**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ Delete
NAME **PD BOYD, SUSAN**
STREET ADDRESS **337 DESOTO ST**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ Delete
NAME **D MYERS, BOB**
STREET ADDRESS **631 EAST CALL STREET, APT. 306**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☒ Delete
NAME **TD MCMULLEN, CAROLE**
STREET ADDRESS **1128 ALBRITTON DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **D FOSTER SCOTT BOYD**
STREET ADDRESS **2921 BRANDEMERE**
CITY-ST-ZIP **TALLA, FL. 32312**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **D BOB MYERS**
STREET ADDRESS **1527 MERRY OAKS COURT**
CITY-ST-ZIP **TALLA, FL. 32303**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/04

Date

224-4894

Daytime Phone #