## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

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DOCUMENT # P00000026219' " *						Apr 25, 2005 08:00 Secretary of Sta				
QUALITY	FLOORING COMPANY			1						
Principal Plac	ce of Business	Mailing	g Address							
910 SISTERS WELCOME RD UNIT 112 LAKE CITY FL 32025 CO		UNIT	910 SISTERS WELCOME RD UNIT 112 LAKE CITY FL 32025 CO							
2. Principal P	Place of Business	3. Maili	ng Address							
Suite, Apt #, etc		Suite	Suite, Apt. #, etc			1s	1st MOORE CR2E034 (10/04)			
City & Stat	te	City 8	& State		<del></del>	4. FEI Numb	<sup>er</sup> 59-3634623			olied For Applicable
Zip	Country	Zip		Country	ý	5. Certificate	e of Status Desired		<b>5</b> Addi Required	
	6. Name and Address of Curren	ıt Registered	d Agent			7. Name and	Address of New Regi	istered Agent		
٨٢٨	ZINIC IZINIDEDI V D			{_	Name					
530	KINS, KIMBERLY B O SW 56 TH PL SPER FL 32052				Street Address	s (P.O. Box Numb	er is Not Acceptable)		<del></del>	
0.10	,, 111, 1, 42, 42, 42, 42, 42, 42, 42, 42, 42, 42							<del></del>		
					City			FL   2	p Code	
the obligat	e named entity submits this statement tions of registered agent.	for the purpo	ose of changing its	s registered	office of regis	itered agent, or oc	oth, in the State of Florid	a. i am familia	ar with, a	
the obligate SIGNATURE	Signature hyped or priviled name of registered agent  TLE NOW!!! FEE IS \$150.00  May 1, 2005 Fee Will Be \$550.0	ent and title & epoli		<del></del> -		ared when re-installing;	9. Election Campaigr Trust Fund Contrib	DATE 1 Financing	\$5.0	IO May Be
signature  F After Make Check	Signature, typed or printed name of registered agent TLE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department	and and title if exposion of State	cable (NOT	E Registered A		ilred when reinstalling)	9. Election Campaigr Trust Fund Contrib	DATE  Financing oution.	\$5.0 Adder	IO May Be
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indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that it dillock to diffector of the corporation or the receiver or trustee employered 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, without fike empowered.

SIGNATURE: