

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90156 028 ***150.00

DOCUMENT # P00000026219 1. Entity Name QUALITY FLOORING COMPANY			
Principal Place of Business 819 SW ALACHUA AVE LAKE CITY, FL 32025		Mailing Address 819 SW ALACHUA AVE LAKE CITY, FL 32025	
2. Principal Place of Business - No P.O. Box # 301 NW Colz Trail		3. Mailing Address Suite, Apt. #, etc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lake city, FL		City & State	
Zip 32055		Country Columbia	
4. FEI Number 59-3634623		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADKINS, KIMBERLY B 5300 SW 56 TH PL JASPER, FL 32052		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRES NAME ADKINS, RON STREET ADDRESS 5300 SW 56 TH PL CITY- ST- ZIP JASPER, FL 32052	<input type="checkbox"/> Delete	TITLE PRES NAME Michael Fox STREET ADDRESS 1875 W Ivan St CITY- ST- ZIP Lake city, FL 32025	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE Ron NAME ADKINS, RON STREET ADDRESS 5300 SW 56 TH PL CITY- ST- ZIP JASPER, FL 32052	<input type="checkbox"/> Delete	TITLE Ron NAME ADKINS, RON STREET ADDRESS 5300 SW 56 TH PL CITY- ST- ZIP JASPER, FL 32052	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____		Date 4-30-08 Daytime Phone # 386-788-8767	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			