

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000094681

1. Entity Name

QUALITY CARPETS & FLOORING, INC.



Principal Place of Business

**14811 NW US 19
CHIEFLAND, FL 32626**

Mailing Address

**14811 NW US 19
CHIEFLAND, FL 32626**



04072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3682003

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, RALPH D
14790 NW 83RD TER
TRENTON, FL 32693**

**DO NOT WRITE
IN THIS SPACE**

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

Ralph D Johnson

President

Ralph D Johnson

4/7/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JOHNSON, RALPH D
STREET ADDRESS	14790 NW 83RD TER
CITY-ST-ZIP	TRENTON, FL 32693
TITLE	V
NAME	JOHNSON, LISA A
STREET ADDRESS	14790 NW 83RD TER
CITY-ST-ZIP	TRENTON, FL 32693
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000497787
04/22/06-80069-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Ralph D Johnson

Ralph D Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/7/06

Daytime Phone #

3524908323