

**FILED**  
**May 21, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90194 005 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**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**

**66015933**



04082007 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**

Signature (typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

**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 Dale Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR