


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000086625**

1. Entity Name  
 RUG ART, INC.



Principal Place of Business  
 7013 RAMOTH DR.  
 JACKSONVILLE, FL 32226

Mailing Address  
 7013 RAMOTH DR.  
 JACKSONVILLE, FL 32226

**DO NOT WRITE IN THIS SPACE**



01292004 No Chg-P CR2E034 (10/03)

4. FEI Number  
 59-3740076

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

GAMERTSFELDER, RAY  
 7013 RAMOTH DR.  
 JACKSONVILLE, FL 32226

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000051234  
 02/16/04-80043-015 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT GAMERTSFELDER, RAY 7013 RAMOTH DR. JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS GAMERTSFELDER, DEBBIE 7013 RAMOTH DR. JACKSONVILLE, FL 32226
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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 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: *Debbie M. Gamertsfelder* 2-11-04 904-251-3258  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Debbie M. Gamertsfelder*