

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90249 024 ***150.00

DOCUMENT # P03000128403

1. Entity Name

ROGER D. SMITH FLOORING, INC.



Principal Place of Business

89 HATTAWAY DRIVE
ALTAMONTE SPRINGS FL 32701

Mailing Address

89 HATTAWAY DRIVE
ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business

same
Suite, Apt. #, etc.

3. Mailing Address

same
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

90-0121126

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FREIDENRICH, LAURA A
1069 W. MORSE BLVD.
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

FREIDENRICH, LAURA A

Street Address (P.O. Box Number is Not Acceptable)

4063 N. Golden Rd. Suite 208

Winter Park

City

phone 325-7962

FL

Zip Code

32792

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

Laura A Freidenrich

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

(NOTE: Registered Agent signature required when reinstating)

4/26/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP
P
SMITH, ROGER D
89 HATTAWAY DRIVE
ALTAMONTE SPRINGS FL 32701

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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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:

Roger D Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-05 407-463-

Date

Daytime Phone #

8642