2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 25, 2004 8:00 am Secretary of State

DOCUMENT # P03000131548 1. Entity Name HENDERSON'S QUALITY FLOORING, INC.								08-25-2004 90004 039 ***150.00				
Principal Place of Business				Mailing Address								
163 FLAMINGO ROAD				163 FLAMINGO ROAD					!	5406	9862	
EDGEWATER, FL 32141			EDGEWATER, FL 32141				0100000					
									COLER INIO POÙ DEUR COLE			
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.			S	Suite, Apt. #, etc.				08142004	Chg-P	CR2E	34 (10/03)	
City & State			c	City & State				4. FEI Number	409497			plied For Applicable
Zip	Country		Z	ZipCour		try		5. Certificate of Status Desired S8.75 Addition Fee Required				
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered					Agent	
	.					Name Janice W. Herrierson						
HENDERSON, DAVID 163 FLAMINGO ROAD						Street Add	dress (P.O. Box Numb	er is Not Acceptable)			-
EDGEWATER, FL 32141						163	5 F	-lamir	190 Road)		
						City /						
8. The above	named entit	y submits this statement fo	r the pu	urpose of changing its	registere	ed office or re	egister	ed agent, or bo	th, in the State of Flor		familiar with, a	and accept
	ions of regis		1.				. 1 .			- 1	1	
SIGNATURE United Danders United No. Henders Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE												
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 9. Election Campaign Fina Trust Fund Contribution								.00 May Be led to Fees	In accordance w corporation did r			
10.		OFFICERS AND	DIREC	TORS	11.			ADDITIONS	L CHANGES TO OFFI	CERS AND	DIRECTORS	S IN 11
TITLE	Р			☐ Delete	TITL	E	P				Change	Detailion
NAME	HENDERSON, DAVID				Œ	Ċh	lya Flamingo Rd.					
STREET ADDRESS CITY-ST-ZIP	163 FLAMINGO ROAD EDGEWATER, FL 32141				ET ADDRESS - ST-ZIP	١						
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TITLE		······································		☐ Delete	TITL	E					☐ Change	Addition
NAME					NAM							
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS -ST-ZIP						
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STREET ADDRESS	Ì					EET ADDRESS						
CITY-ST-ZIP					CITY	-ST-ZIP		.				
TITLE				☐ Delete	TITL						Change	Addition
NAME STREET ADDRESS					NAM STRE	EET ADDRESS						
CITY-ST-ZIP						-ST-ZIP						
12. I hereby	certify that th	ne information supplied with	n this fil	ing does not qualify fo	the exe	mption state	d in Se	ection 119.07(3)	(i), Florida Statutes. I	further ce	rtify that the in	formation
of the cor changed,	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: Unite W. Dumbush bnice W. Werderson & 121/04 5031