

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90138 004 ***150.00

DOCUMENT # P03000133534	
1. Entity Name RICK R SMITH SR. FLOORING INSTALLATION, INC.	

Principal Place of Business 25 HEMLOCK RADIAL LOOP OCALA, FL 34472	Mailing Address 25 HEMLOCK RADIAL LOOP OCALA, FL 34472
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04052005 Chg-P CR2E034 (10/03)

4. FEI Number 56-2413494		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SMITH, DEANNE 25 HEMLOCK RADIAL LOOP OCALA, FL 34472		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, RICK R SR	NAME	
STREET ADDRESS	25 HEMLOCK RADIAL LOOP	STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34472	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DEANNE	NAME	
STREET ADDRESS	25 HEMLOCK RADIAL LOOP	STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34472	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JOSHUA	NAME	
STREET ADDRESS	25 HEMLOCK RADIAL LOOP	STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34472	CITY-ST-ZIP	
TITLE	DO <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARIAS, ROBERTH	NAME	
STREET ADDRESS	25 HEMLOCK RADIAL LOOP	STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34472	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: <i>Deanna L. Smith</i>	4/8/05	(352) 687-2180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #