

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90097 020 ***550.00

DOCUMENT # P03000141464

1. Entity Name

VIKING QUALITY FLOOR COVERING, INC.



Principal Place of Business

26552 SW 4TH AVENUE
NEWBERRY FL 32669

Mailing Address

P.O. BOX 1796
NEWBERRY FL 32669



2. Principal Place of Business

26802 NW 3rd Pl.

3. Mailing Address

P.O. Box 1796

1st MOORE

CR2E034 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEWBERRY

City & State

NEWBERRY FLA.

Zip

32669

Country

Alachua

Zip

32669

Country

Alachua

4. FEI Number

20-0414903

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELHOLM, RAYMOND A
26552 SW 4TH AVENUE
NEWBERRY FL 32669

7. Name and Address of New Registered Agent

Name

Elholm, Raymond A.

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

26802 NW 3rd Pl

City

NEWBERRY

FL

Zip Code

32669

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

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 P ☐ Delete
NAME ELHOLM, RAYMOND A
STREET ADDRESS 26552 SW 4TH AVENUE
CITY-ST-ZIP NEWBERRY FL 32669

TITLE VP ☐ Delete
NAME ELHOLM, SEAN M
STREET ADDRESS 26552 SW 4TH AVENUE
CITY-ST-ZIP NEWBERRY FL 32669

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Ray Elholm (RAY Elholm)

7/20/05

Date

Daytime Phone #