

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-29-2005 90272 020 ***150.00

DOCUMENT # P03000144879

1. Entity Name
R & D FLOORING SERVICES, INC.



Principal Place of Business
**9184 COUNTY RD. 647 A
BUSHNELL, FL 33513**

Mailing Address
**9184 COUNTY RD. 647 A
BUSHNELL, FL 33513**

14010431



04252005 Chg-P CR2E034 (10/03)

4. FEI Number
510490023

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CARLSON, DOROTHY Y
9184 COUNTY RD. 647 A
BUSHNELL, FL 33513**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **CARLSON, ROBERT H JR.**
STREET ADDRESS **9184 COUNTY RD. 647 A**
CITY-ST-ZIP **BUSHNELL, FL 33513**

TITLE **VD** ☐ Delete
NAME **CARLSON, DOROTHY Y JR.**
STREET ADDRESS **9184 COUNTY RD. 647 A**
CITY-ST-ZIP **BUSHNELL, FL 33513**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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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

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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: Dorothy Y. Carlson **DOROTHY Y. CARLSON** 4-25-05 362-330-1480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #