

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
May 03, 2004 8:00 am  
Secretary of State**

05-03-2004 90754 032 \*\*\*150.00

**DOCUMENT # P03000146436**

1. Entity Name  
ROGER MILLS FLOOR COVERING, INC.



Principal Place of Business  
8725 W ORANGE TREE ST  
CRYSTAL RIVER, FL 34428

Mailing Address

8725 W ORANGE TREE ST  
CRYSTAL RIVER, FL 34428

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

04282004 Chg-P CR2E034 (10/03)

4. FEI Number	20-0484748	Applied For
		Not Applicable

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

**6. Name and Address of Current Registered Agent**

MILLS, ROGER  
8725 W ORANGE TREE ST  
CRYSTAL RIVER, FL 34428

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

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, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

**11.**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE D  
NAME MILLS, ROGER  
STREET ADDRESS 8725 W ORANGE TREE ST  
CITY-ST-ZIP CRYSTAL RIVER, FL 34428

Delete

TITLE

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE

Change

Addition

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 Mills

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #