

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000149720

1. Entity Name
R & M CARPET INSTALLATION, INC.



Principal Place of Business
**1102 44TH ST
SARASOTA, FL 34234 US**

Mailing Address
**1102 44TH ST
SARASOTA, FL 34234 US**



04102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
73-1688444

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**KINZER, LINDA
1102 44TH ST
SARASOTA, FL 34234**

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

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**

**U000000335404
04/27/05-80093-008 150.00**

10. OFFICERS AND DIRECTORS

TITLE
P
NAME
KINZER, RONALD A
STREET ADDRESS
1102 44TH ST
CITY - ST - ZIP
SARASOTA, FL 34234

TITLE
VP
NAME
KINZER, LINDA S
STREET ADDRESS
1102 44TH ST
CITY - ST - ZIP
SARASOTA, FL 34234

TITLE
S
NAME
KINZER, KRYSTAL L
STREET ADDRESS
3119 42ND ST
CITY - ST - ZIP
SARASOTA, FL 34234

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Linda Kinzer* *Linda Kinzer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05

Date

941-355-6337

Daytime Phone #