

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 17, 2005 8:00 am**  
**Secretary of State**

08-17-2005 90002 034 \*\*\*150.00

**DOCUMENT # P03000157705**

1. Entity Name  
**RUG RATZ INSTALLERS, INC.**



Principal Place of Business  
**4716 N.W. 28TH STREET  
GAINESVILLE, FL 32605 US**

Mailing Address  
**4716 N.W. 28TH STREET  
GAINESVILLE, FL 32605 US**

**50062017**



2. Principal Place of Business  
**3222 NW 52nd Place**  
Suite, Apt. #, etc.

3. Mailing Address  
**3222 NW 52nd Place**  
Suite, Apt. #, etc.

08112005 Chg-P CR2E034 (10/03)

City & State  
**Gainesville, FL**  
Zip  
**32608** Country  
**US**

City & State  
**Gainesville, FL**  
Zip  
**32608** Country  
**US**

4. FEI Number  
**59-2017238** Applied For  
Not Applicable

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

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

**DAMPIER, TIMOTHY E  
4716 N.W. 28TH STREET  
GAINESVILLE, FL 32605**

**7. Name and Address of New Registered Agent**

Name  
**Dampier, Timothy E**  
Street Address (P.O. Box Number is Not Acceptable)  
**4716 3222 NW 52nd Place**  
City  
**Gainesville** FL Zip Code  
**32608**

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]*  
Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P,T  
DAMPIER, TIMOTHY E  
4716 N.W. 28TH STREET  
GAINESVILLE, FL 32605** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP,S  
PINKSTON, STEPHEN E  
4716 N.W. 28TH STREET  
GAINESVILLE, FL 32605** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P,T  
Dampier, Timothy E  
3222 NW 52nd Place  
Gainesville, FL 32608** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP,S  
Pinkston, Stephen E  
3222 NW 52nd Place  
Gainesville, FL 32608** ☐ Change ☐ Addition

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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 *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #