

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000000783

Entity Name: R&B FLOOR COVERING, INC.

FILED
Aug 30, 2008
Secretary of State

Current Principal Place of Business:

5766 NW CONE STREET
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

5226 NW PIPER CIRCLE
PORT ST. LUCIE, FL 34986

Current Mailing Address:

5766 NW CONE STREET
PORT ST. LUCIE, FL 34986

New Mailing Address:

5226 NW PIPER CIRCLE
PORT ST. LUCIE, FL 34986

FEI Number: 20-0482565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, RAMON
5766 NW CONE STREET
PORT ST. LUCIE, FL 34986 US

Name and Address of New Registered Agent:

WILLIAMS, RAMON
5226 NW PIPER CIRCLE
PORT ST. LUCIE, FL 34986 US

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.

SIGNATURE: RAMON WILLIAMS

08/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WILLIAMS, RAMON
Address: 5766 NW CONE STREET
City-St-Zip: PORT ST. LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: WILLIAMS, RAMON
Address: 5226 NW PIPER CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAMON WILLIAMS

PRES

08/30/2008

Electronic Signature of Signing Officer or Director

Date