

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT.

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90149 030 \*\*\*150.00

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<b>DOCUMENT # P04000128496</b> 1. Entity Name <b>RG &amp; K FLOORING INC.</b>					
Principal Place of Business <b>610 Georgia ST.</b> <b>2210 W JAMES LEE BLVD #8</b> <b>CRESTVIEW, FL 32536</b>				Mailing Address <b>2210 W JAMES LEE BLVD #8</b> <b>CRESTVIEW, FL 32536</b>	
2. Principal Place of Business <b>610 Georgia St.</b> Suite, Apt. #, etc.		3. Mailing Address <b>610 Georgia St.</b> Suite, Apt. #, etc.		04162005    Chg-P    CR2E034 (10/03)	
City & State <b>Crestview, FL</b> Zip <b>32536</b> Country <b>USA</b>		City & State <b>Crestview, FL</b> Zip <b>32536</b> Country <b>USA</b>		4. FEI Number <b>80-0123976</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>NATION, RONALD E</b> <b>2210 W JAMES LEE BLVD #8</b> <b>CRESTVIEW, FL 32536</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>610 Georgia St.</b> <b>Crestview, FL 32536</b> City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NATION, RONALD E <b>2210 W JAMES LEE BLVD #8</b> <b>CRESTVIEW, FL 32536</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Nation, Ronald E. <b>Georgia</b> <b>Crestview, FL 32536</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NATION, KIM <b>2210 W JAMES LEE BLVD #8</b> <b>CRESTVIEW, FL 32536</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Nation, Kim <b>Crestview, FL 32536</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHEATS, GEORGE 193 MARTIN ST CRESTVIEW, FL 32536	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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.					
<b>SIGNATURE: <u>Ronald E. Nation</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<b>RONALD E. NATION</b> <b>President</b> <b>4/26/05</b> <b>850-305-3300</b> <small>Daytime Phone #</small>					