2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

3/8/2005-90187-010-$150.00-$150.00

APPROVEL AND FILED

05 APR -7 PM 2:28

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1st MOORE CR2E034 (10/04)

DOCUMENT # P04000150805

1. Entity Name

RALPH D. TAYLOR CARPET CORP.

Principal Place of Business	Mailing Address
424 LANCERS DR WINTER SPRINGS FL 32708	424 LANCERS DR WINTER SPRINGS FL 32708

2. Principal Place of Business	3. Mailing Address
424 LANCERS DR.	424 LANCERS DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WINTER SPRINGS, FLA.	City & State: WINTER SPRINGS, FLA.
Zip: 32708-3341 Country: Seminole	Zip: 32708-3341 Country: Semin

4. FEI Number: EX # 20-1816249 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TAYLOR, RALPH D
424 LANCERS DR.
WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent

Name: RALPH D. TAYLOR

Street Address (P.O. Box Number is Not Acceptable): 424 LANCERS DR.

City: WINTER SPRINGS FL Zip Code: 32708

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: Ralph D. Taylor — April 4, 2005

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, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D RALPH D. TAYLOR 424 LANCERS DR. WINTER SPRINGS, FL 32708 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	APPROVEL AND FILED ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	05 APR -7 PM 2:29 SECRETARY OF STATE TALLAHASSEE, FLORIDA ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	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: Ralph D. Taylor; RALPH D. TAYLOR; 3-3-2005; 407-695-3603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #