

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000148293

**Entity Name:** R SQUARE FLOOR CARE, INC.

**FILED**  
**Jan 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

10281 SORRENTO ROAD  
PENSACOLA, FL 32507

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 16417  
PENSACOLA, FL 32507

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KERRY ANNE SCHULTZ, ESQUIRE  
2045 FOUNTAIN PROFESSIONAL COURT  
NAVARRE, FL 32566 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ROBINSON, RANDOLPH  
Address: 10281 SORRENTO ROAD  
City-St-Zip: PENSACOLA, FL 32507

Title: VP  
Name: ROBINSON, JUDY  
Address: 10281 SORRENTO ROAD  
City-St-Zip: PENSACOLA, FL 32507

I hereby 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 all other like empowered.

SIGNATURE: RANDOLPH ROBINSON

P

01/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date