2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000058044

1. Entity Name
REDMON FLOORING, INC.

20057345

Principal Place of Business	Mailing Address
7040 OSTEEN RD	P.O. BOX 444
NEW PORT RICHEY, FL 34653	ELFERS, FL 34680
6330 Pine Hill Rd. Ste. 10	
New Port Richey FL 34668	

DO NOT WRITE IN THIS SPACE

04062005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-3341502		Not Applicable

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

6. Name and Address of Current Registered Agent

REDMON, ROBERT F
7040 OSTEEN RD
NEW PORT RICHEY, FL 34653
6330 Pine Hill Rd. Ste. 10
New Port Richey FL 34668

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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 _____   *4/27/05*

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	**9.** Election Campaign Financing	**$5.00** May Be
After May 1, 2005 Fee will be $550.00	Trust Fund Contribution. ☐	Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PO
NAME	REDMON, ROBERT F.
STREET ADDRESS	5247 SEAHORSE DR. *P.O. Box 1072*
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652 *Elfers FL 34680*
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____   *4/27/05*   727-846-8820

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