FILED

ANNUAL REPORT				May 01, 2006 08:00 AM Secretary of State			
	MENT # P9500005804	14			Secreta	ary of S	state
1. Entity Nam REDMON	FLOORING, INC.						
Principal Plac 6330 PINE H PORT RICHE	IILL RD STE 10	Mailing Address P.O. BOX 444 ELFERS, FL 34680		1 1 8 8 3 7 8 3 7 1	18:10: 8:111 BB111 BB111 BB111 BB1	N BBIRT BRIST (BRIS)	11. B erne Berlinge & E rr i
	12.2		The second secon	04262006	No Chg-P	CR2E034	ini didii bisissi vi issi
D	O NOT WRITE I	N THIS SPA	CE	4. FEI Numbe 59-334	<u> </u>		Applied For Not Applicable
		and the second s	Herrina h	5. Certificate	of Status Desired	□ \$8 Fee	. 75 Additional Required
	6. Name and Address of Current Reg	istered Agent	-		•		
REDMON, ROBERT F 6330 PINE HILL RD. STE 10 PORT RICHEY, FL 34668					NOT W		
					THIS SP		• .
	named entity submits this statement for the clons of registered agent.	s purpose of changing its registe	red affice ar register	red agent, or bot	h, if the State of Fix f(27/36)		liar with, and accept
	Signature, typed or priviled name of registered opens and it	9. Election Campaign Fina		.00 May Be		DATE	, and
After M	ay 1, 2006 Fee will be \$550.00	Trust Fund Centribution	, 🖺 Ádd	ed to Fees	·		
10. TITLE NAME STREET ADDRESS CITY-SI-ZIP	PO REDMON, ROBERT F. P.O. BOX 1072 ELFERS, FL 34680	ECTORS		· · · · · · · · · · · · · · · · · · ·	05/16/06 - 05/16/06	0555952 -800 54- 0	38 150. 00 _
TITLE NAME STREET ADDRESS							
TITLE NAME	/		1				
STREET ADDRESS CITY-ST-ZIP			_	•	NOT W		
TITLE HAME STREET ADDRESS				IN 7	THIS SF	PACE	
CITY-ST-ZIP TRTLE			-		<u>.</u> .	4	
NAME STREET ACORESS CITY-ST-ZIP					·		
TITLE NAME STREET ADDRESS							

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as it made under oath, that I am an officer or director of the conversion 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: 🕰

CITY-ST-ZIP

Daytime Phone #