


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90199 034 ***150.00

DOCUMENT # P95000058044 1. Entity Name REDMON FLOORING, INC.					
Principal Place of Business 6330 PINE HILL RD STE 10 PORT RICHEY, FL 34668			Mailing Address P.O. BOX 444 ELFERS, FL 34680		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. 5247 Seahorse Dr		Suite, Apt. #, etc. P.O. Box 444			
City & State New Port Richey FL		City & State Elfers FL			
Zip 34652		Country USA		4. FEI Number 59-3341502	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent REDMON, ROBERT F 6330 PINE HILL RD. STE 10 PORT RICHEY, FL 34668			7. Name and Address of New Registered Agent Name Redmon, Robert F. Street Address (P.O. Box Number is Not Acceptable) 5247 Seahorse Dr City New Port Richey FL Zip Code 34652		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PO <input type="checkbox"/> Delete NAME REDMON, ROBERT F. STREET ADDRESS P.O. BOX 1072 CITY - ST - ZIP ELFERS, FL 34680			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
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12. I hereby 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 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: Robert F. Redmon <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/24/07 Daytime Phone # 727-846-8820		