2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 07, 2005 08:00 AM DOCUMENT # P96000100708 **Secretary of State** 1. Entity Name R&R QUALITY CARPET, INC. Mailing Address Principal Place of Business 301 EAST HWY 50 CLERMONT FL 34711 **301 EAST HWY 50** CLERMONT FL 34711 2. Principal Place of Business_ 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For City & State City & State 59-3422546 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUGE, RONALD C Street Address (P.O. Box Number is Not Acceptable) 301 EAST HIGHWAY 50 CLERMONT FL 34711 Zip Code 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 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 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TOTAL ☐ Addition HILE ☐ Delete HUGE, RONALD C NAME NAME 14241 MANCHESTER ROAD STREET ADDRESS STREET ADDRESS GROVELAND FL 34736 CITY-S1-Z10 CITY-SY-709 ☐ Addition Delete HILE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change ☐ Addition TITLE ☐ Delete HILF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete DICE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHIY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: Rall C Struck Romalis C 14 V GIE 1/25/05 3523946358