

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 331857

FILED  
Feb 18, 2009  
Secretary of State

Entity Name: THE CARPET SHOP, INC.

## Current Principal Place of Business:

3333 CAPITAL CIRCLE N.E  
TALLAHASSEE, FL 32308

## New Principal Place of Business:

## Current Mailing Address:

3333 CAPITAL CIRCLE N.E  
TALLAHASSEE, FL 32308

## New Mailing Address:

FEI Number: 59-1213477

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOLLSCHLAGER, T LYNN  
2865 ASBURY HILL DRIVE  
TALLAHASSEE, FL 32312 US

## Name and Address of New Registered Agent:

WOLLSCHLAGER, THOMAS L  
2865 ASBURY HILL DRIVE  
TALLAHASSEE, FL 32312 US

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: T. LYNN WOLLSCHLAGER

02/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: STD ( ) Delete  
Name: WOLLSCHLAGER, T LYNN,  
Address: 3333 CAPITAL CIRCLE, NE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: PD ( ) Delete  
Name: WOLLSCHLAGER, DAVID,  
Address: 3333 CAPITAL CIRCLE, NE  
City-St-Zip: TALLAHASSEE, FL 32308

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change ( ) Addition  
Name: WOLLSCHLAGER, THOMAS L  
Address: 2856 ASBURY HILL DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: PD (X) Change ( ) Addition  
Name: WOLLSCHLAGER, DAVID L  
Address: 4530 KIMBERLY CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32309

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID L. WOLLSCHLAGER

P

02/18/2009

Electronic Signature of Signing Officer or Director

Date