


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # K47428
 1. Entity Name
SONLIGHT CARPETS, INC.



Principal Place of Business 6028 W LINEBAUGH AVE TAMPA, FL 33625 US	Mailing Address 6028 W LINEBAUGH AVE TAMPA, FL 33625 US
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DO NOT WRITE IN THIS SPACE



04192004 No Chg-P CR2E034 (10/03)

4. FEL Number 59-2923034	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAFOSSE, LEONARD C
 6102 W. LINEBAUGH AVE.
 TAMPA, FL 33625

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT LAFOSSE, LEONARD CHARLES 6028 W LINEBAUGH AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V JONES, DONALD 6028 W LINEBAUGH AVE TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S NEATHERLY, EDNA M. 6028 W LINEBAUGH AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 04/29/04-80090-013 150.00

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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: Leonard Lafosse **LEONARD LAFOSSE** 4-2704 813-264-5673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #