FILED
May 03, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K47428

1. Entity Name
SONLIGHT CARPETS, INC.

Principal Place of Business	Mailing Address
6028 W LINEBAUGH AVE TAMPA, FL 33625 US	6028 W LINEBAUGH AVE TAMPA, FL 33625 US

DO NOT WRITE IN THIS SPACE

04272005 No Chg-F CR2E034 (10/03)

4. FEI Number
59-2923034
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 _____
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
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	LAFOSSE, LEONARD CHARLES
STREET ADDRESS	6028 W LINEBAUGH AVE
CITY-ST-ZIP	TAMPA, FL
TITLE	V
NAME	JONES, DONALD
STREET ADDRESS	6028 W LINEBAUGH AVE
CITY-ST-ZIP	TAMPA, FL 33625
TITLE	S
NAME	NEATHERLY, EDNA M.
STREET ADDRESS	6028 W LINEBAUGH AVE
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 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: _____ 4-28-05 813-264-5673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #