2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000120961



FILED Apr 13, 2004 8:00 am Secretary of State

i. Entity (vain	ie				1-16-1	8)					
TAYLOR-	MADE CARPET	SALES, INC				04-1	3-2004 9	0018 00)1 ***15	0.00	
Principal Plac	e of Business		Mailing Address								
2090 NE 80 AVE			2090 NE 80 AVE								
HIGH SPRINGS FL 32643			HIGH SPRINGS FL 32643				•				
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2 Principal P	Place of Business		3. Mailing Address								
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Suite, Apt. #, etc.			Suite, Apt. #, etc.			моон	3F	CB2E03	14 (11/03	١	
						MOORE CR2E034 (11/03)					
City & State	te		City & State			4. FEI Number	-1653250	- 1	· -		ied For
7'-			7:-	T .Ca					00.75		Applicable
Zip	Country	,	Zip	Countr	ry	5. Certificate of Statu	s Desired		\$8.75 Fee Req		onal
-	6. Name and Adde	ess of Current	 Registered Agent			7. Name and Addres	s of New R	eaistere			
					Name						
TAY	LOR, ROBERT V	'			Ch 1 A - 1	- (D.O. Day N					
2090 NE 80 AVE					Street Addres	s (P.O. Box Number is Not	Acceptable	!)			
HIG توز	H SPRINGS FL 3	32643									
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3					City			F	L Zip	Jode	
O The about			r the purpose of changing	its registere	ed office or regis	stered agent, or both, in the	State of Flo	rida. I ai	m familiar v	vith, ar	nd accept
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the obligat	nons or registered ager										1
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the obligat			and title if applicable. (N	IOTE: Registered	Agent signature requ	ired when reinstating)	3 -s	DATE			
the obligat SIGNATURE	Signature, typed or printed nar	ne of registered agent a	and title if applicable. (N	IOTE: Registered	Agent signature requ		ampaign Fir			5 00	May Ro
the obligate SIGNATURE	Signature, typed or grinted nar ILE: NOW!!! FEE.!!	ne of registered agent a		IOTE: Registered	s Agent signature requ	9. Election C	ampaign Fir	ancing	\$	5.00	May Be
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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: