

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000131042

Entity Name: GAGLIARDI CARPETS, INC.

FILED
Feb 27, 2008
Secretary of State

Current Principal Place of Business:

1681 SO. FLOSSMOOR ROAD
FORT MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2761
FORT MYERS, FL 33932 US

New Mailing Address:

FEI Number: 55-0851844

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WANDERON, THOMAS
809 WALKERBILT ROAD
SUITE 5
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

TAX ACCOUNTING & FINANCIAL ASSOCIATES, INC
809 WALKERBILT ROAD
SUITE 5
NAPLES, FL 34110 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: BENJAMIN J COTTRELL

02/27/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GAGLIARDI, THOMAS
Address: P.O. BOX 2761
City-St-Zip: FORT MYERS, FL 33932 US

Title: P () Delete
Name: GAGLIARDI, THOMAS
Address: P.O. BOX 2761
City-St-Zip: FORT MYERS, FL 33932 US

Title: VP () Delete
Name: GAGLIARDI, THOMAS
Address: P.O. BOX 2761
City-St-Zip: FORT MYERS, FL 33932 US

Title: S () Delete
Name: GAGLIARDI, MICHAEL
Address: P.O. BOX 2761
City-St-Zip: FORT MYERS, FL 33932 US

Title: T () Delete
Name: GAGLIARDI, THOMAS
Address: P.O. BOX 2761
City-St-Zip: FORT MYERS, FL 33932 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: THOMAS GAGLIARDI

D

02/27/2008

Electronic Signature of Signing Officer or Director

Date