

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 26, 2004 8:00 am
Secretary of State

08-26-2004 90004 005 ***163.75

DOCUMENT # P03000138461	
1. Entity Name MIKE'S CUSTOM CARPET INC.	

Principal Place of Business 9551 PINETREE DRIVE LAKE WALES FL 33853 US	Mailing Address 9551 PINETREE DRIVE LAKE WALES FL 33853 US
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34070030



MOORE CR2E034 (4/04)

2. Principal Place of Business 9551 PINETREE DR	3. Mailing Address 9551 PINETREE DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LAKE WALES FL	City & State LAKE WALES FL
Zip 33853	Zip 33853
Country POLK	Country POLK

4. FEI Number 20-0423914	Applied For Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BUNNER, MARION M 9551 PINETREE DRIVE LAKE WALES FL 33853	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒	9. Election Campaign Financing Trust Fund Contribution. ☒ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE V	☐ Delete	TITLE	☐ Change ☐ Addition
NAME BUNNER, MARION M		NAME	
STREET ADDRESS 9551 PINETREE DRIVE		STREET ADDRESS	
CITY-ST-ZIP LAKE WALES FL 33853		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Marion M Bunner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____