


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 03, 2005 8:00 am
Secretary of State

05-03-2005 90130 004 ***150.00

DOCUMENT # P04000019983
 1. Entity Name
P & L CARPET AND TILE, INC.



Principal Place of Business Mailing Address
5162 PONCE DE LEON ROAD **5162 PONCE DE LEON ROAD**
KISSIMMEE FL 34746 **KISSIMMEE FL 34746**
US **US**

2. Principal Place of Business 3. Mailing Address
5162 Ponce de Leon Road **5162 Ponce de Leon Road**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Kissimmee FL **Kissimmee FL**
 Zip Country Zip Country
34746 **OSCEOLA** **34746** **OSCEOLA**

4. FEI Number Applied For
41-2126014 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

FARQUHARSON, BEULAH Name
3046 STILLWATER DRIVE Street Address (P.O. Box Number is Not Acceptable)
BUENA VENTURA LAKES FL 34743 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: *Peter Lopez* DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P, <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, PETER JR	NAME	
STREET ADDRESS	5162 PONCE DE LEON ROAD	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34746	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, PETER JR	NAME	
STREET ADDRESS	5162 PONCE DE LEON ROAD	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34746	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, PETER JR	NAME	
STREET ADDRESS	5162 PONCE DE LEON ROAD	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34746	CITY-ST-ZIP	
TITLE	SEC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, PHILIP	NAME	
STREET ADDRESS	5162 PONCE DE LEON ROAD	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34746	CITY-ST-ZIP	
TITLE	DIR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, MARK	NAME	
STREET ADDRESS	5162 PONCE DE LEON ROAD	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34746	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Peter Lopez* Date: 4-17-05 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

66021300



1st MOORE CR2E034 (10/04)