

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90020 032 ***150.00

DOCUMENT # P06000006594

1. Entity Name

MARSHALL CARPETING INC.



Principal Place of Business

1107 MIZELL ROAD
LEESBURG FL 34748
US

Mailing Address

1107 MIZELL ROAD
LEESBURG FL 34748
US



2. Principal Place of Business - No P.O. Box #

1015 OAK DR.

3. Mailing Address

1015 OAK DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

LEESBURG FL

City & State

LEESBURG FL

4. FEI Number

20-4127999

Applied For

Not Applicable

Zip

34742

Country

US

Zip

34748

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARSHALL, ARTHUR W
1107 MIZELL ROAD
LEESBURG FL 34748

7. Name and Address of New Registered Agent

Name

ARTHUR W MARSHALL

Street Address (P.O. Box Number is Not Acceptable)

1015 OAK DR.

City

LEESBURG

FL

Zip Code

34748

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

ARTHUR W MARSHALL

Arthur W Marshall

4 FEB 08

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, 2008 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

TITLE	D,P	☐ Delete
NAME	MARSHALL, ARTHUR W	
STREET ADDRESS	1107 MIZELL ROAD	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D,VP	☐ Delete
NAME	MARSHALL, PAMALA L	
STREET ADDRESS	1107 MIZELL ROAD	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D,S	☐ Delete
NAME	MARSHALL, JEAN	
STREET ADDRESS	1107 MIZELL ROAD	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D,T	☐ Delete
NAME	MARSHALL, JEREMY A	
STREET ADDRESS	2917 SE 145 TH PLACE	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	1015 OAK DR	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	1015 OAK DR	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	1015 OAK DR	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	1015 OAK DR.	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Arthur W Marshall

ARTHUR W. MARSHALL 2/4/08 352 552 7772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #