

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

6/24

FILED
Jul 10, 2008 8:00 am
Secretary of State

06-24-2008 90001 037 ***150.00

DOCUMENT # P06000144564 1. Entity Name SMALL CARPET SERVICE, INC.																																																											
Principal Place of Business 16206 HIGHLAND AVENUE LUTZ FL 33549-612			Mailing Address 16206 HIGHLAND AVENUE LUTZ FL 33549-612																																																								
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																								
City & State			City & State																																																								
Zip		Country		Zip																																																							
4. FEI Number 208261251																																																											
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																											
6. Name and Address of Current Registered Agent SMALL, JAMES A 16206 HIGHLAND AVENUE LUTZ FL 33549			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 _____ 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																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">10. OFFICERS AND DIRECTORS</th> <th colspan="3">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>CITY-STATE-ZIP</td> <td></td> <td>CITY-STATE-ZIP</td> <td>CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS		CITY-STATE-ZIP	CITY-STATE-ZIP		CITY-STATE-ZIP	CITY-STATE-ZIP																															
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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 employees.																																																											
SIGNATURE: <u>James A. Small</u> <u>JAMES A. Small</u> 4-26-08 813-610-6261 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																											