2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State
04-09-2004 90051 026 ***150.00

DOCUMENT # P95000026335

1. Entity Name
MOBILE CARPET CENTER INC.

Principal Place of Business	Mailing Address
4534 CR 103G OXFORD FL 34484 US	4534 CR 103G OXFORD FL 34484 US

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
3369 CR 528	3369 CR 528
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sumterville, FL	City & State: Sumterville FL
Zip: FL 33585 Country: USA	Zip: 33585 Country: US

4. FEI Number 59-3302020 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BASS, NITA R
4534 CR 103G
OXFORD FL 34484

7. Name and Address of New Registered Agent

Name: BASS, Nita R
Street Address (P.O. Box Number is Not Acceptable): 3369 CR 528
City: Sumterville **FL** Zip Code: 33585

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 ______________________________
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, 2004 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	☐ Delete
NAME	BASS, DANNY D	
STREET ADDRESS	4534 CR 103G	
CITY-ST-ZIP	OXFORD FL 34484	
TITLE	S	☐ Delete
NAME	BASS, NITA R	
STREET ADDRESS	4534 CR 103G	
CITY-ST-ZIP	OXFORD FL 34484	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 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: ______________________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #