2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# P96000062061

Entity Name: APARTMENT OWNERS' BEST CARPETS, INC.

Current Principal Place of Business:

1516 B CAPITAL CIRCLE SE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

1516 B CAPITAL CIRCLE SE
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-3396783 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVINE, MARK S
245 EAST VIRGINIA STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: JOHNSON, JOHNNY
Address: 9962 BUCKPOINT
City-St-Zip: TALL, FL 32312

Title: S ( ) Delete
Name: MADDOX, KATHY
Address: 1920 FARMS ROAD
City-St-Zip: TALLAHASSEE, FL 32317

Title: T ( ) Delete
Name: MADDOX, DAVID
Address: 1920 FARMS ROAD
City-St-Zip: TALLAHASSEE, FL 32317

Title: P ( ) Delete
Name: JOHNSON, CHARLOTTE
Address: 9962 BUCKPOINT ROAD
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY MADDOX S 03/03/2009

Electronic Signature of Signing Officer or Director Date