## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

**DOCUMENT #** 

L35996

Ashley's Carpet, Inc

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90035 013 \*\*\*150.00

		* 5 14045 - 90035 - 13 5 *
Principal Place of Business Mailing Address		
66 SW Salerno Road		
Strand EL		DO NOT WRITE IN THIS SPACE
66 SW Salerno Road Stuart, FL 34997		3. Date Incorporated or Qualifed
		12/8/1989
Principal Place of Business     2a. Mailing Address		4. FEI Number Applied For
21 Same 26		45-0/64526 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		5. Certificate of Status Desired
27		Fee Required
City & State City & State	İ	6. Election Campaign Financing \$5.00 May Be
23 28	Causta	Trust Fund Contribution Added to Fees
	Country	8. This corporation owes the current year Intangible  Personal Property Tax.
24 25 29 30		Personal Property Tax. Yes LIMO  10. Name and Address of New Registered Agent
Name and Address of Current Registered Agent	81 Name	- 0 :
	Ka	thleen Frost-Ponte
	82 Street Addres	ss (P.O. Box Number is Not Acceptable)  Id Coast Financial Services, Inc.
	83	1) 11
	4/2	25 sw martin they
	84 City Pa	Im City FL 85 Zip Code 0
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the		- · / · · - · · - · · · · · · · · · · ·
office or registered agent, or both, in the State of Florida, Such change was author	rized by the corporation	's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the obligations of, Section 607.0595. Florida	Statutes.	
		<1,0/00
SIGNATURE Kathler Frost-Ponle		5/19/99 Men reinstating) DATE
SIGNATURE Kathler First - Forle Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis	stered Agent signature required w	#hen reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE Signature, types or printed name of registered agent and title if applicable. (NOTE: Registered 2. OFFICERS AND DIRECTORS	stered Agent signature required w	
SIGNATURE    Signature, typed for printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable. (NOTE: Registered agent and title if applicable. (NOTE: Registered agent and title if applicable.)   12.	stered Agent signature required w	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE  Signature, type-for printed name of registered agent and title if applicable.  12. OFFICERS AND DIRECTORS  TITLE Steven A. Cain Preside DELETE  NAME  .66 SW Salerno Road  STREET ADDRESS	stered Agent signature required w	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE  Signature, typeo'or printed name of registered agent and title if applicable.  12. OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  (NOTE: Registered agent and title if applicable.  (NOTE: Registered agent and title	stered Agent signature required w 13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE    Signature, typee or printed name of registered agent and title if applicable. (NOTE: Register)   12. OFFICERS AND DIRECTORS     TITLE   Steven A. Cain, President     NAME   166 SW Salerno Road     STREET ADDRESS   Stuart   FL 34997	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE  Signature, typeofor printed name of registered agent and title if applicable.  12. OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  SHOW THE SHOW THE STREET ADDRESS  SHOW THE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
SIGNATURE  Signature, type of printed name of registered agent and title if applicable.  12. OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  SIGNATURE  Signature, type of printed name of registered agent and title if applicable.  (NOTE: Registered agent a	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
SIGNATURE  Signature, type-for printed name of registered agent and title if applicable.  12. OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
SIGNATURE  Signature, type or printed name of registered agent and title if applicable.  12. OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	stered Agent signature required w 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
SIGNATURE  Signature, types or printed name of registered agent and title if applicable.  12. OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE	stered Agent signature required w 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition
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SIGNATURE  Signature, types or printed name of registered agent and title if applicable. (NOTE: Registered A. Cain, Preside Delete  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME	stered Agent signature required w 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition
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14. 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 annual report or supplemental annual 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 12 or Block 13 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

5-10-99

(561) 288-443

Daytime Phor

R2E034 (11/08)