FILED
Apr 28, 2005 8:00 am
Secretary of State
04-28-2005 90176 007 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 605907

1. Entity Name
SETTERQUIST CARPET AND TILE, INC.

Principal Place of Business	Mailing Address
4309 CORPORATE SQUARE NAPLES, FL 34104 US	4309 CORPORATE SQUARE NAPLES, FL 34104 US

04262005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1881960 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SETTERQUIST, DONALD 4309 CORPORATE SQUARE NAPLES, FL 33942	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code 34104

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
Signature, typed or printed name of registered agent and title if applicable (If a Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OP SETTERQUIST, DONALD 4309 CORPORATE SQUARE NAPLES, FL 00000,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition 34104
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OVST SETTERQUIST, ROBERTA 4309 CORPORATE SQUARE NAPLES, FL 00000,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition 34104
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AV SETTERQUIST, DANIEL 4309 CORPORATE SQUARE NAPLES, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DAVAS ☐ Change ☒ Addition 34104
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT SETTERQUIST, PHILIP 4309 CORPORATE SQUARE NAPLES, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DAVAT ☐ Change ☒ Addition 34104
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Donald Setterquist 4/26/05 (239) 261-6880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DONALD SETTERQUIST