


2006 FOR PROFIT CORPORATION ANNUAL REPORT

5 **FILED**
Jun 14, 2006 8:00 am
Secretary of State

05-02-2006 90186 002 ***150.00

DOCUMENT # P04000001988 1. Entity Name ALL SCIENTIFIC CARPET OUTLET, INC.					
Principal Place of Business 3309 NORTH W STREET PENSACOLA, FL 32505 US			Mailing Address 3309 NORTH W STREET PENSACOLA, FL 32505 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ZINIEWICZ, JAMES D 3309 NORTH W STREET PENSACOLA, FL 32505				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PVPT	<input type="checkbox"/> Delete	TITLE	PUPT <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZINIEWICZ, JAMES DAVID		NAME	Ziniewicz, James David	
STREET ADDRESS	505 NEW YORK DRIVE		STREET ADDRESS	3309 North W St.	
CITY-ST-ZIP	PENSACOLA, FL 32505		CITY-ST-ZIP	Pensacola, FL 32505	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 4/28/06 850/456-4363 <small>Daytime Phone #</small>		