## 2007 FOR PROFIT CORPORATION ... ANNUAL REPORT

## Apr 23, 2007 08:00 A Secretary of State **DOCUMENT # P03000129309** 1. Entity Name ALBERT DELATRE CARPET SERVICE, CORP. Principal Place of Business Mailing Address 1911 PECAN DR 1911 PECAN DR ORANGE CITY, FL 32763 ORANGE CITY, FL 32763 04192007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 32-0099084 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent DELATRE, ALBERT H DO NOT WRITE 1911 PECAN DR ORANGE CITY, FL 32763 IN THIS SPACE 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME DELATRE, ALBERT H STREET ADDRESS 1911 PECAN DR CITY-ST-ZIP ORANGE CITY, FL 32763 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS U00000720453 05/01/07-80105-022 150.00 CITY-ST-ZIF TITLE NAME

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.

CICNATUDE.

STREET ADDRESS

EIGHATURE AND TYPED OR PRINTED NAME OF EIGHING OFFICER OR DIRECTO

4-19-07 386-775.4097

FILED