# I hereby 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 all other like empowered.

SIGNATURE: JAMES M. PERRY

Electronic Signature of Signing Officer/Director Detail

**Current Principal Place of Business:** 945 SE ATLANTUS AVE PORT SAINT LUCIE. FL 34983

Entity Name: JAMES PERRY'S CARPET INC

2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

# **Current Mailing Address:**

DOCUMENT# P0400000900

945 SE ATLANTUS AVE PORT SAINT LUCIE. FL 34983 US

## FEI Number: 90-0138540

#### Name and Address of Current Registered Agent:

PERRY, JAMES M 2231 SW ABALON CIRCLE PORT SAINT LUCIE, FL 34953 US

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

### **Officer/Director Detail :**

Title	Р	Title	TREASURER
Name	PERRY, JAMES M	Name	SILVA, DAVID ULYSSES
Address	2231 SW ABALON CIRCLE	Address	945 SE ATLANTUS AVE
City-State-Zip:	PORT ST. LUCIE FL 34953	City-State-Zip:	PORT SAINT LUCIE FL 34983

Certificate of Status Desired: No

FILED Nov 24, 2015 Secretary of State CC344440890

11/24/2015 PRESIDENT

Date

Date