

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # 217631

1. Entity Name
CARPET FASHIONS OF ST PETERSBURG INC



Principal Place of Business
**2942 49TH ST N.
SAINT PETERSBURG, FL 33710 US**

Mailing Address
**858 CHEATHAM LANE
APPOMATTOX, VA 24522 US**

DO NOT WRITE IN THIS SPACE



02062008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0855738

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PATRICK RAMSBURG ACCOUNTING SERVICE
5840 54TH AVE NORTH
KENNETH CITY, FL 33709**

**DO NOT WRITE
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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000844753
03/13/08-80012-004 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CHEATHAM, JAMES E.
STREET ADDRESS	RT 1 BOX 681
CITY-ST-ZIP	APPOMATTOX, VA 24522
TITLE	V
NAME	EDWADS, NAN CHEATHAM
STREET ADDRESS	RT 1 BOX 681
CITY-ST-ZIP	APPOMATTOX, VA 24522
TITLE	P
NAME	CHEATHAM, ZACK
STREET ADDRESS	BOX 681
CITY-ST-ZIP	APPOMATTOX, VA 24522
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James E. Cheatham **JAMES E. CHEATHAM** **2/29/08** **434-352-9021**

Date

Daytime Phone #