2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mar 24, 2005 08:00 AM Secretary of State **DOCUMENT # 247735** 1. Entity Name WHOLESALE CARPETS INC Principal Place of Business Mailing Address 2575 28TH AVENUE NORTH ST PETERSBURG FL 33713 2575 28TH AVENUE NORTH ST PETERSBURG FL 33713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E034 (10/04) Applied For 4. FEI Number City & State City & State 59-0991001 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GROSS JR, RICHARD E Street Address (P.O. Box Number is Not Acceptable) 1088 79TH ST SOUTH ST PETERSBURG FL 33707 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! NEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10, 11. ☐ Change Addition TITLE TOTLE ST ☐ Delete NAME GROSS, MICHAEL G NAME 6224 VISTA VERDE DR. W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GULFPORT FL 33707 CITY-ST-ZIP Addition Change ☐ Delete HILE TULE U00000274505 GROSS, KENNETH C NAME NAME 03/24/05-80014-009 150.00 STREET ADDRESS STREET ADDRESS 3190 70TH ST N CITY-ST-ZIP SAINT PETERSBURG FL 33710 CITY ST-ZIP Change ☐ Addition TITLE Delete 31111 NAME NAME GROSS JR, RICHARD E STREET ADDRESS STREET ADDRESS 1088 79TH ST SOUTH CITY-ST-ZP CITY-ST-ZIP ST PETERSBURG, FL 00000 Change ☐ Addition WILE ☐ Delete NAME STREET ACCRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TIFLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FILE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS Citty-St-7IP CITY-ST-ZIP 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 eath; 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

F SIGNICOPACE OF THE CONOSS, Jr.

FILED

3-25-05

Daytime Phone #

Date