

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90222 029 ***150.00

DOCUMENT # 273928 1. Entity Name LIFESTYLE CARPETS, INC.					
Principal Place of Business 3007 E 7TH AVENUE TAMPA, FL 33605			Mailing Address 3007 E 7TH AVENUE TAMPA, FL 33605		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1031980	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip		Country		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent THORN, W. THOMPSON III 101 EAST KENNEDY BLVD. SUITE 2500 TAMPA, FL 33602			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHRISTY, PEGGY A 3208 PARKLAND BLVD TAMPA, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRANT, JEANNE 3007 E 7TH AVE TAMPA, FL 33605	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRANTLEY, DANIEL 4101 SILVER STAR RD ORLANDO, FL 32808	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MURRAY, TIMMIE 1113 MOOK STREET BRANDON, FL 33510	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT / SECRETARY ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Wm. Cathy D. 318 Woodstream Way Spring Hill, FL 34608	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 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: <i>Timmie R. Murray</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/19/05 Date		
			Daytime Phone # _____		