


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # 375987
 1. Entity Name
 THE FAMOUS CARPET BARN, INC.



Principal Place of Business: 619 CASSAT AVENUE, JACKSONVILLE, FL 32205
 Mailing Address: 619 CASSAT AVENUE, JACKSONVILLE, FL 32205

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01242007 No Chg-P CR2E034 (11/05)

4. FEI Number: 59-1311136 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ISAAC, FRED
 2468 ATLANTIC BLVD.
 JACKSONVILLE, FL 32207

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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, 2007 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	HEMINGWAY, HELEN ANNETTE
STREET ADDRESS	1980 GREENWOOD AVE.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	P
NAME	RUNION, JOHN
STREET ADDRESS	4693 IVANHOE RD
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	VP
NAME	RIVINION, KATHRYN GAYLE
STREET ADDRESS	4693 IVAN HOE RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: John Runion JOHN RUNION 1-24-07 904 387-2549
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #