


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90024 011 \*\*\*150.00

<b>DOCUMENT # 375987</b> 1. Entity Name THE FAMOUS CARPET BARN, INC.	
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Principal Place of Business 619 CASSAT AVENUE JACKSONVILLE, FL 32205	Mailing Address 619 CASSAT AVENUE JACKSONVILLE, FL 32205
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**DO NOT WRITE IN THIS SPACE**

4003200



01122008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1311136	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  ISAAC, FRED 2468 ATLANTIC BLVD. JACKSONVILLE, FL 32207  <i>Flooring America John Runion 619 Cassat Ave Jacksonville, FL 32205</i>
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**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 <i>John Runion</i> (NOTE: Registered Agent signature required when reinstating) DATE <i>3-12-08</i>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST. HEMINGWAY, HELEN ANNETTE 1980 GREENWOOD AVE. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUNION, JOHN 4693 IVANHOE RD. JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUNION, KATHRYN GAYLE 4693 IVAN HOE RD. JACKSONVILLE, FL 32210 <i>Runion</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <i>John Runion</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <i>3-12-08</i>	Daytime Phone # <i>904 387 2549</i>
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