

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-27-2008 90024 011 ***150.00

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

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 **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ISAAC, FRED
 2468 ATLANTIC BLVD.
 JACKSONVILLE, FL 32207

*Flooring America
 John Runion
 619 Cassat Ave
 Jacksonville, FL
 32205*

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: *John Runion* *John Runion* *John Runion* 3-12-08

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

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 <i>Runion</i> 4693 IVAN HOE RD. JACKSONVILLE, FL 32210
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: *John Runion* *John Runion President* 3-12-08 904 387 2549

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #