2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 437478

1. Entity Name

TERRACE CARPETS, INC.

Principal Place of Business	Mailing Address
1326 W BUSCH BLVD. TAMPA FL 33612	1326 W BUSCH BLVD. TAMPA FL 33612

MOORE   CR2E034 (11/03)

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State

4. FEI Number 59-1491964	Applied For / Not Applicable

Zip	Country	Zip	Country

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
GRIMES, COLIN D. 1326 W. BUSCH BLVD TAMPA FL 33612	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 rec~

SIGNATURE _____

Signatu~... ~name of registered ~.. ~a if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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 PD NAME GRIMES, COLIN STREET ADDRESS 17310 LYNNDAN DR CITY-ST-ZIP LUTZ FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000043557 02/10/04-80069-011 150.00	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: _____   2-6-04   (813) 933-6721

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