

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 455312

1. Entity Name
MOHAWK MANUFACTURING COMPANY



Principal Place of Business
963 NORTH CR 427
LONGWOOD, FL 32750 US

Mailing Address
963 NORTH CR 427
LONGWOOD, FL 32750 US



02282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1538300	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEIDIGH, DARRELL
336 W LAKEVIEW AVENUE
LAKE MARY, FL 32746

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PD
 NAME: LEIDIGH, DARRELL
 STREET ADDRESS: 336 W LAKEVIEW AVENUE
 CITY - ST - ZIP: LAKE MARY, FL

TITLE: SD
 NAME: LEIDIGH, BETTYE
 STREET ADDRESS: 336 W LAKEVIEW AVENUE
 CITY - ST - ZIP: LAKE MARY, FL

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY - ST - ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
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TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY - ST - ZIP: _____

100000455202
 03/15/06-80044-016 150.00

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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: *Bettye S Leidigh* Sec-TREAS Date: *2-28-06* Daytime Phone #: *407-834-3233*