## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 481679**

FILED Jun 16, 2009 Secretary of State

Entity Name: COMMERCIAL CARPET OF ST. PETERSBURG, INC.

| Current Pi   | rincipal Place  | of Business:                          | New Principal Place                         | New Principal Place of Business:             |  |
|--|---|---------------------------------------|---|--|--|
| 4994 PARI<br>PINELLAS  | KBLVD<br>PARK, FL 337                                   | 781                                   |   |  |  |
| Current Mailing Address:   |   |                                       | New Mailing Address                         | New Mailing Address:                         |  |
| 4994 PARI<br>PINELLAS  | KBLVD<br>PARK, FL 337                                   | 781                                   |   |  |  |
| FEI Number:  | 59-1627024  | FEI Number Applied For()              | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent:                                    |   |                                       | Name and Address of                         | Name and Address of New Registered Agent:    |  |
| WALTER E<br>106 5TH S'<br>BELLAIR E  |   | S US                                  |   |  |  |
|  | named entity s<br>of Florida.                           | ubmits this statement for the p       | ourpose of changing its registere           | d office or registered agent, or both,       |  |
| SIGNATUF   | RE:   |                                       |   |  |  |
|  | Electron  | ic Signature of Registered Age        | ent   | Date   |  |
|  |   | 8(2)(b), F.S., the corporation did no | ot receive the prior notice.                |  |  |
| Election Campaign Financing Trust Fund Contribution ().  OFFICERS AND DIRECTORS: |   |                                       | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Fitle:<br>Name:<br>Address:<br>City-St-Zip:                                      | PD ()<br>HASSAN, NORM<br>6700 4TH AVE N<br>ST PETERSBUR | N .                                   | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                                      | VDS ()<br>ERRETT, WALT<br>106 5TH STREE<br>BELLAIR BCH, | ET                                    | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |
|  |   |                                       |   |  |  |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER ERRETT VP 06/16/2009