

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 516245**

1. Entity Name  
**HOME TOWN CARPETS, INC.**



Principal Place of Business  
**1093 US HWY 17 N  
WAUCHULA, FL 33813 US**

Mailing Address  
**1093 US HWY 17 N  
WAUCHULA, FL 33873 US**



01312006 No Chg-F CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1693212</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**EVORS, DON L.  
1093 US HWY 17 N  
WAUCHULA, FL 33873**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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

10710110418730  
02/14/06 80019-004 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PO
NAME	EVORS, DON L
STREET ADDRESS	1093 US HWY 17 N
CITY-STATE-ZIP	WAUCHULA, FL 00000.

TITLE	S
NAME	EVORS, MARSHA J
STREET ADDRESS	1093 US HWY 17 N
CITY-STATE-ZIP	WAUCHULA, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-STATE-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:**

*Don L EVORS*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-06 8637730353  
Date Daytime Phone #