2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)									FILED					
DOCU 1. Entity Nan	IMENT	# 5903	167						Feb 23, 2004 08:00 AM Secretary of State					
WILSON	I CARPET	SERVICE	i, INC.					1		,tai j	OI C			
Principal Plac	ce of Busines	3S		Mailing	Address			7						
2805 ILENE JACKSONV	E DR. VILLE FL 32			2805 ILENE DR. JACKSONVILLE FL 32216										
		· -				. <u></u>								
2. Principal Place of Business				3. Mailing Address										
Suite, Apt. #, etc.				Suite, Apt. #, etc.					MOORE	CR2E03	4 (11/03			
City & State				City & State				4. FI	59-195453	0			lied For Applicable	
Zip	Country			Zip Coun			ntry	5. C	Certificate of Status Desired		\$8.75 Fee Rec		onal	
	6. Name	and Addres	ss of Current R	legistered	i Agent		Name	7. N	lame and Address of New F	legistered	Agent			
FARLOW, TAMMY W 2805 ILENE								(P.O. Br	ox Number is Not Acceptable	e)				
	CKSONVI	LLE FL 3	2216			:		** *		<u>-</u>				
	•					i	City			FI	Zip	Code		
8. The above the obligation	e named entit ations of regist	ty submits this tered agent.	s statement for	the purpos	se of changing its	register	ed office or registe	ered age	ent, or both, in the State of Flo		- 1	with, an	nd accept	
SIGNATURE	Signature, typer	d or printed name (of registered agent an	nd title if applic	cable (NOT	E. Registere	ed Agent signature requires	ad when reir		DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00									9. Election Campaign Fir	nancing	\$	5.00	May Be	
			epartment of 9	State				1	Trust Fund Contribution	n. !		dded to		
10.	1	OF	FICERS AND D	IRECTOR	<u>s</u>	11.		ADD	DITIONS/CHANGES TO OFF	ICERS AN	D DIREC	TORS !	N 11	
TITLE NAME	STD WILSON, F	REITA L.			☐ Delete	TITLE	ļ				☐ Chai	-	☐ Addition	
STREET ADDRESS	2805 ILENE DRIVE STR						ET ADDRESS		U000000 02/23/04-{	261928				
CITY-ST-ZIP	JACKSON'	VILLE FL				CITY	-ST-ZIP		<u> </u>	30101-1	006 1	<u>50.0</u> /	0	
TITLE NAME	D EARLOW	16/ YEARAT			☐ Delete	TITLE	3				☐ Char	nge [☐ Addition	
STREET ADDRESS		FARLOW, TAMMY W NA 2805 ILENE DRIVE SI												
CITY-ST-ZIP	JACKSON	JACKSONVILLE FL 32216								<u> </u>				
TITLE	}				☐ Delete	TITLE				_	☐ Char	nge [Addition	
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CITY - ST - ZIP							-ST-ZIP		<u></u>					
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NAME STREET ADDRESS						NAME STREE	E Et address							
CITY-ST-ZIP					_		-ST-ZIP							
indicated of the cor	a on this repor rooration or th	irt or supplem he receiver br	entai report is ta r trustee empow	true and ac wered tolex	loes not qualify for courate and that me xecute this report r like empowered.	ny signati as requir	nption stated in Se ure shall have the ed by Chapter 607	ection 11 same le 7, Florida	19.07(3)(i), Florida Statutes. egal effect as if made under of a Statutes, and that my name	I further ce path, that I e appears	rtify that that the am an off in Block	he infor ficer or 10 or Bl	rmation director lock 11 if	
SIGNAT			an W),]	anla		· · · · · · · · · · · · · · · · · · ·		2-20.04				1593	
		SIGNATURE	AND TYPED OR PRI	INTED NAME	OF SIGNING OFFICER	OR DIRECT	OR		Date	ſ	Daylime Phon	ie #	-	