2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # 605907

1. Entity Name
SETTERQUIST CARPET AND TILE, INC.

Principal Place of Business
4309 CORPORATE SQUARE
NAPLES FL 34104
US

Mailing Address
4309 CORPORATE SQUARE
NAPLES FL 34104
US

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P O Box #
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 59-1881960 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SETTERQUIST, DONALD
4309 CORPORATE SQUARE
NAPLES FL 33942

7. Name and Address of New Registered Agent

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 registered agent.

SIGNATURE D. SETTERQUIST 2-9-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
DP SETTERQUIST, DONALD 4309 CORPORATE SQUARE NAPLES FL 34104	☐
DVST SETTERQUIST, ROBERTA 4309 CORPORATE SQUARE NAPLES FL 34104	☐
AVAS SETTERQUIST, DANIEL 4309 CORPORATE SQUARE NAPLES FL 34104	☐
ATAV SETTERQUIST, PHILIP 4309 CORPORATE SQUARE NAPLES FL 34104	☐
	☐
	☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
U00000639731 02/28/07-80035-024 150.00	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: D. SETTERQUIST 2-9-07 239-261-6880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #