

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90036 011 ***150.00

DOCUMENT # 616064

1. Entity Name

STANJO CARPET, INC.



Principal Place of Business

600 W HALLENDALE BEACH BLVD.
#3
HALLANDALE FL 33009
US

Mailing Address

600 W HALLENDALE BEACH BLVD.
#3
HALLANDALE FL 33009
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1903017

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARKS, STANLEY
680 W HALLENDALE BEACH BLVD
HALLANDALE FL 33009

Name

STANLEY MARKS

Street Address (P.O. Box Number is Not Acceptable)

600 W HALLENDALE BEACH BLVD.

City

HALLANDALE

FL

Zip Code

33009

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
<p>NAME: MARKS, STANLEY <input type="checkbox"/> Delete</p> <p>STREET ADDRESS: 600 W HALLENDALE BEACH BLVD.</p> <p>CITY- ST- ZIP: HALLANDALE FL 33009</p>	<p>NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>STREET ADDRESS:</p> <p>CITY- ST- ZIP:</p>
<p>NAME: <input type="checkbox"/> Delete</p> <p>STREET ADDRESS:</p> <p>CITY- ST- ZIP:</p>	<p>NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>STREET ADDRESS:</p> <p>CITY- ST- ZIP:</p>
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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:

Stanley Marks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/07

Date

954-488-7000

Daytime Phone #