2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 03, 2006 08:00 AM **DOCUMENT # 622385** Secretary of State t. Entity Name H & H CARPET CO. OF PALM BEACH COUNTY Principal Place of Business Mailing Address 2004 N. FEDERAL HWY. 2004 N. FEDERAL HWY. **DELRAY BEACH FL 33483-3010 DELRAY BEACH FL 33483-3010** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-1921891 Not Applicat Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DE SANCTIS, RICHARD Street Address (P.O. Box Number is Not Acceptable) 1130 SE 7TH AVE POMPANO BCH FL 33060 City Zip Code 5. 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 proted name of registered agent and tilloid applicable (NOTE: Registered Agent signature required when reinstating) OATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May E: After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delate THILE ☐ Change ☐ Addisis NAME DE SANCTIS, RICHARD NAME U00000454643 STREET ADDRESS 1130 SE 7TH AVE STREET ADDRESS 03/15/06-80023-017 158.75 City-St-zip POMPANO BCH., FL 0 CITY-ST-ZIP VT Defete THIE Title Change □ Main DE SANCTIS, PATRICIA NAME NAME STREET ADDRESS 1130 SE 7TH AVE STREET ADDRESS CITY-ST-ZIP POMPANO BCH., FL 0 CITY-ST-ZIP TOLE ۷P Delete THE ☐ Change ☐ Matter NAME NAME STONE, KEITH J STREET ADDINESS STREET ADDRESS 136 SPRUCE ST. CHTY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH FL 33426 TITLE ☐ Delete □ Add™ THE ☐ Chance NAME STREET ADDRESS SCREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete BILE THE ☐ Change El Maria NAME NAME STREET ADDRESS STREET ADDRESS Citty-ST-Zie CITY-ST-ZIP TITLE Detete. TITLE □ Adam ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-JIP CITY-ST-ZIP

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 path; that I am an officer or director 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

2-21-06

561-265-2808

inged, or on an attachment with an address, with all other like empowered

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