

**2004 FOR PROELT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 623037

1. Entity Name
PAT COSTELLO, THE CARPET MAN, INC.



Principal Place of Business

% PATRICK COSTELLO, JR.
4522 DEL PRADO BLVD.
CAPE CORAL, FL 33904

Mailing Address

% PATRICK COSTELLO, JR.
4522 DEL PRADO BLVD.
CAPE CORAL, FL 33904



02262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0192021

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COSTELLO, PATRICK, JR.
4522 DEL PRADO BLVD.
CAPE CORAL, FL 33904

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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

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, 2004 Fee will be \$550.00**

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
PD
COSTELLO, CONCEATTA
4522 DEL PRADO BLVD.
CAPE CORAL, FL 33904

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
COSTELLO, PATRICK III
4522 DEL PRADO BLVD
CAPE CORAL, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

U000000087993
03/15/04-80034-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Conceatta Costello
**Conceatta Costello
President**

3/12/04

Date

Daytime Phone #