

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 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**



03022005 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**

**5. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
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 (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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
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03/14/05-80072-001 150.00

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

*Connie Costello* - **Connie Costello** 3-11-05 239-540-8643

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #