

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2007 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



02132007 No Chg-P CR2E034 (11/05)

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

**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 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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000633613
02/28/07-80032-018 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME COSTELLO, CONCEATTA
STREET ADDRESS 4522 DEL PRADO BLVD.
CITY-ST-ZIP CAPE CORAL, FL 33904

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

Connie Costello **Connie Costello**

Date

Daytime Phone #

2-15-07 239-542-8643