

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2008 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



02042008 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 fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000833816  
02/28/08-80027-020 150.00

**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 VP  
NAME COSTELLO, PATRICK JR.  
STREET ADDRESS 113 SE 17TH ST.  
CITY-ST-ZIP CAPE CORAL, FL 33990

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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 the empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-08

Date

239-542-8643

Daytime Phone