2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 23, 2005 08:00 AM **DOCUMENT # 653656** 1. Entity Name **Secretary of State** CARPET CAROUSEL, INCORPORATED Principal Place of Business Mailing Address 688 KINGSLEY AVENUE ORANGE PARK FL 32073 688 KINGSLEY AVENUE ORANGE PARK FL 32073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 59-1968787 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRANTLEY, ROBERT C. Street Address (P.O. Box Number is Not Acceptable) 405 KENTUCKY BRANC LN. JACKSONVILLE FL 32259 City Zip Code 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 repistered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Hitt PD ☐ Delete TUBE ☐ Change Addition BRANTLEY, ROBERT C NAME NAME Unninn273436 405 KENTUCKY BRANCH LN. STREET ADDRESS STREET ADDRESS CITY ST-ZIP JACKSONVILLE FL 32259 CITY-ST-ZIP 03/23/05-80023-019 150.00 TITLE STD Delete TOTALE Change ☐ Addition BRANTLEY ROBERT JR. NAME NAME 688 KINGSLEY_AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORANGE PARK FL 32073 CHTY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete DUE STURGELL, CHARLES C STREET ADDRESS STREET ADDRESS 688 KINGSLEY AVE. CITY-ST-ZIP CHY-SI-ZIP ORANGE PARK FL 32073 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY-ST-ZIF HTLE ☐ Delete SITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

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