2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State
04-14-2005 90087 034 ***150.00

DOCUMENT # F26823

1. Entity Name
STINSON CARPETS, INC.

Principal Place of Business	Mailing Address
2110 EDENFIELD PL. LAKELAND, FL 33801	2110 EDENFIELD PL. LAKELAND, FL 33801

04072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2074442
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STINSON, JAMES W.
2110 EDENFIELD PL
LAKELAND, FL 33801

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	S
NAME	STINSON, JEAN
STREET ADDRESS	2909 REDWOOD AV
CITY-ST-ZIP	LAKELAND, FL 00000,
TITLE	C
NAME	STINSON, JAMES W
STREET ADDRESS	2909 REDWOOD AVE.
CITY-ST-ZIP	LAKELAND, FL 00000,
TITLE	T
NAME	STINSON, RICHARD
STREET ADDRESS	1239 WATER FORD DR.
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	V
NAME	STINSON, RONALD
STREET ADDRESS	1030 WATEREDGE DR
CITY-ST-ZIP	LAKELAND, FL 00000,
TITLE	P
NAME	STINSON, RANDAL
STREET ADDRESS	2611 HIGHLAND VUE CT
CITY-ST-ZIP	LAKELAND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Ronald S. Stinson President 4-11-05 863-665-4434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #