


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G02556</b> 1. Entity Name JAX BARGAIN CARPET, INC.	
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Principal Place of Business 455 CASSAT AVENUE JACKSONVILLE, FL 32254 US	Mailing Address 455 CASSAT AVENUE JACKSONVILLE, FL 32254 US
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01112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1965467	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  KERN, JOHN C 630 NORTH EDGEWOOD AVE JACKSONVILLE, FL 32254
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD KERN, JOHN C 630 N EDGEWOOD AVENUE JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY-ST- ZIP	RA KERN, JOHN C 630 N EDGEWOOD AVENUE JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY-ST- ZIP	S EMERSON, CAROLE 7360 BUCKSKIN TR S JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

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01/13/06-80008-007 150.00

**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:** Carole C Emerson Carole C. Emerson Sec 1/11/06 904384-0057  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #