

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # G30811**

1. Entity Name  
**FLORIDA CARPET & INTERIORS, INC.**



Principal Place of Business  
**6250 NO. MILITARY TRAIL  
WEST PALM BEACH, FL 33407 US**

Mailing Address  
**6250 NO. MILITARY TRAIL  
WEST PALM BEACH, FL 33407 US**



**DO NOT WRITE IN THIS SPACE**

02022005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2345510**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BREWER, W. CHESTER JR.  
250 AUSTRALIAN AVE., S., SUITE 1400  
W. PALM BEACH, FL 33401**

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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 reappointing)

DATE

**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

1100000219406  
02/08/05-80027-004 158.75

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD  
WILKES, RONALD E.  
32 SELBY LANE  
PALM BEACH GARDENS, FL 33418**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VS  
WILKES, NANCY  
32 SELBY LANE  
PALM BEACH GARDENS, FL 33418**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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IN THIS SPACE**

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.

**SIGNATURE:**

*Nancy Wilkes V.P.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-02-05 (561) 848-7847  
Date Daytime Phone #