

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 15, 2005 08:00 AM
Secretary of State**

DOCUMENT # G83913

1. Entity Name
D & S CARPET, INC.



Principal Place of Business

**4139 NW 47 PLACE
BELL, FL 32619 US**

Mailing Address

**4139 NW 47 PLACE
BELL, FL 32619 US**



04122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2391966

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DOUGLAS, LELAND D.
4139 N.W. 47TH PLACE
BELL, FL 32619**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	DOUGLAS, LELAND D.
STREET ADDRESS	4139 NW 47TH PL
CITY-ST-ZIP	BELL, FL 32619
TITLE	VSD
NAME	DOUGLAS, ROSALIE S.
STREET ADDRESS	4139 NW 47TH PL
CITY-ST-ZIP	BELL, FL
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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04/15/05-80046-008 150.00

**DO NOT WRITE
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)(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

Rosalie S. Douglas
Rosalie S. Douglas
Signature and typed or Printed name of officer or director

4/13/05
DATE

(386) 935-1970
DAYTIME PHONE#