


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # G85920</b>		
1. Entity Name <b>BARRY NEAL CARPETS, INC.</b>		
Principal Place of Business <b>% BARRY N. KATZENBERG 1063 MILLER DR ALTAMONTE SPRINGS, FL 32701</b>	Mailing Address <b>% BARRY N. KATZENBERG 1063 MILLER DR ALTAMONTE SPRINGS, FL 32701</b>	



01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2377822</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>KATZENBERG, BARRY N. 1063 MILLER DR ALTAMONTE SPGS, FL 32701</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KATZENBERG, BARRY N. 213 S RANGER BLVD WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KATZENBERG, STEVEN N. 225 ART LANE SANFORD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BUTTERFIELD, DONA R 1362 SCHOONER CRT WINTER SPRINGS, FL 32708
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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**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Barry N. Katzenberg*

1-4-07

(407) 339-7000