


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # H84719 1. Entity Name CARPET MILL STORE OF PEN SACOLA, INC.	
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Principal Place of Business % DONALD W. HEAPY 505 MARY ESTHER CUT-OFF FT WALTON BCH., FL 32548	Mailing Address % DONALD W. HEAPY 505 MARY ESTHER CUT-OFF FT WALTON BCH., FL 32548
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2620811	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

HEAPY, GARY
505 MARY ESTHER CUT-OFF
FT WALTON BCH., FL 32548

**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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEAPY, DONALD W. 505 MARY ESTHER CUTOFF FT. WALTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HEAPY, BETTE J. 505 MARY ESTHER CUTOFF FT. WALTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEAPY, GARY 505 MARY ESTHER CUT-OFF FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/13/04-80063-025 150.00

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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)(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 an officer like empowered.

SIGNATURE: Bette J. Heapy *Bette J. Heapy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1-6-04 Daytime Phone # 850-243-1233