

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # H84719



1. Entity Name  
CARPET MILL STORE OF PENSACOLA, INC.

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



01102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2620811

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$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

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

0110000183215  
01/19/05-80058-014 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-05 850-243-1233