

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H93006

Entity Name: PLIERS CARPET, INC.

FILED
Apr 22, 2005
Secretary of State

Current Principal Place of Business:

P.O. 1125
PORT ST. JOE, FL 32457

New Principal Place of Business:

Current Mailing Address:

P.O. 1125
PORT ST. JOE, FL 32457

New Mailing Address:

FEI Number: 59-2692872

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEAK, KENNY
2760 HWY 98
PORT ST. JOE, FL 32456 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PEAK, KENNETH E.,
Address: HIGHWAY 98
City-St-Zip: PORT ST. JOE, FL 32456

Title: S/T () Delete
Name: PEAK, CHERYL,
Address: HIGHWAY 98
City-St-Zip: PORT ST. JOE, FL 32456

Title: VP () Delete
Name: MARTIN, ROBERT
Address: HWY 18
City-St-Zip: PT ST. JOE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNY PEAK

PRES

04/22/2005

Electronic Signature of Signing Officer or Director

Date