

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 A
Secretary of State

DOCUMENT # J03383

1. Entity Name
CARPET DESIGNS UNLIMITED, INC.



Principal Place of Business
975 S. CONGRESS AVE.
DELRAY BEACH, FL 33445 US

Mailing Address
975 S. CONGRESS AVE.
DELRAY BEACH, FL 33445 US



01232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2660440	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CAMP, STEPHEN E.
931 EVE ST.
DELRAY BEACH, FL 33483

**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, 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	P
NAME	CAMP, STEPHEN
STREET ADDRESS	931 EVE ST.
CITY-ST-ZIP	DELRAY BEACH, FL 33483

TITLE	D
NAME	CAMP, LINDA SUSAN
STREET ADDRESS	931 EVE STREET
CITY-ST-ZIP	DELRAY BCH., FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

2/8/07

Date

561 265 1019

Daytime Phone #