

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90011 025 \*\*\*150.00

**DOCUMENT # J06950**

1. Entity Name  
**ARCADE CARPET & TILE CO.**



Principal Place of Business

290 N WICKHAM ROAD  
MELBOURNE, FL 32935 US

Mailing Address

290 N WICKHAM ROAD  
MELBOURNE, FL 32935 US

**54022044**



01272004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2651742**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KING, THOMAS P  
3 B VENETIAN WAY  
SATELLITE BEACH, FL 32937

**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, 2004 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  
KING, THOMAS P JR  
3B VENETIAN WAY  
INDIAN HARBOUR, FL 32937

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
ST  
KING, ELAINE A  
3B VENETIAN WAY  
INDIAN HARBOUR, FL 32937

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Vice President  
King, Thomas P. III  
4894 Erin Lane  
Melbourne, FL 32940

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**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

Thomas P King Jr

3-22-2004

Date

321-254-2491

Daytime Phone #