

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 16, 2008 8:00 am
Secretary of State

06-16-2008 90001 042 ***150.00

DOCUMENT # J15793 1. Entity Name INTER-STATE CARPET CORPORATION	
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Principal Place of Business 1421 CARRIAGE OAK CT OCOE, FL 34761 US	Mailing Address 1421 CARRIAGE OAK CT OCOE, FL 34761 US
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DO NOT WRITE IN THIS SPACE

04222008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2688985	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DIAZ, KATHRYN A 1421 CARRIAGE OAK CT OCOE, FL 32761

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renaming)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	PTD DIAZ, MICHAEL A 1421 CARRIAGE OAK CT. OCOE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS DIAZ, KATHRYN A 1421 CARRIAGE OAK CT. OCOE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 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: Michael A. Diaz **Michael A. Diaz** 4-22-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #