

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J93873

FILED
Jan 09, 2007
Secretary of State

Entity Name: SHELLEY CARPETS OF SARASOTA, INC.

Current Principal Place of Business:

6050 PALMER BLVD
UNIT 2
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

6050 PALMER BLVD
UNIT 2
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 65-0005576 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BROWNING, PAULETT
6050 PLAMER BLVD
UNIT 2
SARASOTA, FL 34232 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: PD () Delete
Name: BROWNING, PAULETTE K. .
Address: 7305 261ST STREET E
City-St-Zip: MYAKKA CITY, FL 34251

Title: VSD () Delete
Name: BROWNING, BOBBY S.,
Address: 7305 261ST ST E
City-St-Zip: MYAKKA CITY, FL 34251

Title: TD () Delete
Name: BROWNING, ROBERT S
Address: 26925 CROSBY RD.
City-St-Zip: MYAKKA CITY, FL 34251

Title: TD () Delete
Name: BROWNING, TANYA
Address: 26815 CROSBY RD
City-St-Zip: MYAKKA CITY, FL 34251

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:

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 Chapter 119, 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: PAULETTE BROWNING

PRES

01/09/2007

Electronic Signature of Signing Officer or Director

_____ Date