

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

07-21-2005 90027 005 \*\*\*150.00  
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1st MOORE CR2E034 (10/04)

05

DOCUMENT # K41770			
1. Entity Name <b>THE CRYSTAL CARPET, INC.</b>			
Principal Place of Business <b>C/O THOMAS WICHELE 80 CYPRESS AVE. WEST PALM BEACH FL 33415</b>		Mailing Address <b>C/O THOMAS WICHELE 80 CYPRESS AVE. WEST PALM BEACH FL 33415</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <b></b>		Suite, Apt. #, etc. <b></b>	
City & State <b></b>		City & State <b></b>	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>WICHELE, THOMAS 80 CYPRESS AVE WEST PALM BEACH FL 33415</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code <b></b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> (NOTE: Registered Agent signature is required when resubmitting) <span style="float: right;">DATE _____</span>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing <small>Trust Fund Contribution. <input type="checkbox"/> Added to Fees</small>	
10. OFFICERS AND DIRECTORS			
TITLE <b>D</b> NAME <b>WICHELE, THOMAS</b> STREET ADDRESS <b>80 CYPRESS AVE</b> CITY-ST-ZIP <b>W. PALM BCH FL</b>		<input type="checkbox"/> Delete	
TITLE <b>D</b> NAME <b>WICHELE, ARLENE</b> STREET ADDRESS <b>80 CYPRESS AVE</b> CITY-ST-ZIP <b>W. PALM BCH FL</b>		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

7-16-05 561-183-5342  
Date Daytime Phone #