


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # K74624 1. Entity Name CLASS A CARPETS, INC.	
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Principal Place of Business 1460 N. GOLDENROD RD #115 ORLANDO, FL 32807 US	Mailing Address PO BOX 721142 ORLANDO, FL 32872-1142 US
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04012008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2938900	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHAFFER, ANTHONY 1460 N. GOLDENROD RD #115 ORLANDO, FL 32807
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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 is required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAFFER, ANTHONY P. 8636 BLACK MESA DRIVE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAFFER, DONNA MARIE 8636 BLACK MESA DRIVE ORLANDO, FL
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<p>U000000880056 04/15/08-80045-024 150.00</p>
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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: Anthony Schaffer **Anthony Schaffer** 4-1-08 407-282-6787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #