

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90023 044 ***150.00

DOCUMENT # L15922

1. Entity Name

YANCEY'S CARPETS, INC.



Principal Place of Business

**2755 NORTH BANANA RIVER DRIVE
UNIT NO. 6
MERRITT ISLAND FL 32952-5469**

Mailing Address

**2755 NORTH BANANA RIVER DRIVE
UNIT NO. 6
MERRITT ISLAND FL 32952-5469**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

4085 Crooked Mile Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Merritt Island, FL

Zip

Country

Zip

Country

32952

USA

4. FEI Number

59-3002869

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BENNETT, JANICE R
4085 CROOKED MILE RD.
MERRITT ISLAND FL 32952**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 registration.

SIGNATURE

Signature, typed or printed name of registered agent and state in applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BENNETT, JANICE R.**
CITY-ST-ZIP **4085 CROOKED MILE RD.
MERRITT ISLAND FL 32952**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **JANICE R. BENNETT** *Janice R. Bennett*

4-28-08

321-454-7253

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #