## LEUUS FUR FRUFII CURFURATION

## ANNUAL REPORT **FILED DOCUMENT # M64217** Jan 18, 2005 08:00 AM 1. Entity Name WHITE'S ORIENTAL RUG SERVICE, INC. **Secretary of State** Principal Place of Business Mailing Address 949 YULEE ST. % DOUGLAS S. WHITE TALLAHASSEE, FL 32304 2906 JOYCE DR. TALLAHASSEE, FL. 32303 No Chg-P CR2E034 (10/03) 01122005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2865235 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent WHITE, DOUGLAS S. DO NOT WRITE 2906 JOYCE DR. TALLAHASSEE, FL 32303 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. WHITE, DOUGLAS S. NAME STREET ADDRESS 2906 JOYCE DR. 1100000183542 CITY-ST-ZIP TALLAHASSEE, FL 01/19/05-80073-007 150.00 TITLE VS WHITE, PAMELA J. STREET ADDRESS 2906 JOYCE DR. TALLAHASSEE, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP