


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90017 043 ***150.00

DOCUMENT # M76086 1. Entity Name TOM'S CARPET DESIGNS, INC.	
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Principal Place of Business 5522 EFFIE DRIVE APOPKA, FL 32712	Mailing Address 5522 EFFIE DRIVE APOPKA, FL 32712
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DO NOT WRITE IN THIS SPACE

1010777



03252008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2886672	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TRIPLETT, ELZORA J. 5522 EFFIE DRIVE APOPKA, FL 32712	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) 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	DP TRIPLETT, ELZORA J. 5522 EFFIE DRIVE APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TRIPLETT, TIMOTHY 26225 BILTMORE STREET SORRENTO, FL 32776
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #