

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

|                                                                               |                                                                                   |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # M79097</b><br>1. Entity Name<br><b>SUN CARPET SERVICE, INC.</b> |  |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                      |                                                               |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Principal Place of Business<br><b>6418 MILNER BLVD., STE A<br/>ORLANDO, FL 32809</b> | Mailing Address<br><b>PO BOX 560485<br/>ORLANDO, FL 32856</b> |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------|



01072005 No Chg-P CR2E034 (10/03)

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|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-2887219</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

|                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>CORPORATION INFORMATION SERVICES, INC.<br/>1201 HAYES STREET<br/>TALLAHASSEE, FL 32301</b> |
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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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS                     |                                                                          |
|------------------------------------------------|--------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>SMITH, THOMAS ROSS, JR.<br>5219 CHISWICK CIR<br>ORLANDO, FL 32812, |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>TREESE, WAYNE RICHARD<br>6790 BAYSHORE DRIVE<br>ST. CLOUD, FL       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          |

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01/20/05-80014-004 158.75

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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: Wayne Treeese **WAYNE TREESE V-P** 01/14/05 407 859 8420  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #