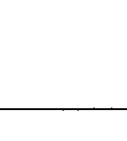

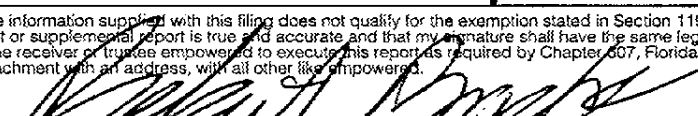


FILED
Apr 02, 2004 08:00 AM
Secretary of State

UNYEOUOI y P00000073636 1. Entity Name CARPET GALLERY OF JACKSONVILLE, INC.							
Principal Place of Business 8590 PHILIPS HWY JACKSONVILLE, FL 32256		Mailing Address 8590 PHILIPS HWY JACKSONVILLE, FL 32256					
DO NOT WRITE IN THIS SPACE							
		 02092004 Ô±Ý,¹Ø ÝÍ : Øðí ð ðmøí + <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">4. FEI Number 59-3669789</td> <td style="width: 20%;">Applied For Not Applicable</td> </tr> <tr> <td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 B W4 m p L' U. l . - . 5 K</td> </tr> </table>		4. FEI Number 59-3669789	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 B W4 m p L' U. l . - . 5 K	
4. FEI Number 59-3669789	Applied For Not Applicable						
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 B W4 m p L' U. l . - . 5 K							
6. Name and Address of Current Registered Agent HAYES, DENNIS E 620 BLACKSTONE BLDG 233 EAST BAY STREET JACKSONVILLE, FL 32202-3447		DO NOT WRITE 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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 O, S P. II W4 ¼ ± Ø. - - <div style="float: right; text-align: right;"> U00000101681 04/02/04-80022-013 300.00 </div>					
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE					
TITLE	D						
NAME	BRADSHAW, ROBERT D						
STREET ADDRESS	12801 EDENBRIDGE COURT						
CITY-ST-ZIP	JACKSONVILLE, FL 32223						
TITLE							
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE							
NAME							
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)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4/1/04 Daytime Phone #: 904/739/7300					