

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000116196

1. Entity Name

CARPET & RUG CREATIONS, INC.



Principal Place of Business

35 WALTER MARTIN ROAD NE
FT WALTON BEACH, FL 32548

Mailing Address

PO BOX 2527
FORT WALTON BCH, FL 32549



01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3688374

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POOLE, MELBA J PRES
35 WALTER MARTIN ROAD NE
FT WALTON BEACH, FL 32548

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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 resigning)

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	DPST
NAME	POOLE, MELBA J PRES
STREET ADDRESS	PO BOX 2527
CITY-ST-ZIP	FT WALTON BEACH, FL 32549
TITLE	DV
NAME	POOLE, JACKIE R VP
STREET ADDRESS	PO BOX 2527
CITY-ST-ZIP	FT WALTON BEACH, FL 32549
TITLE	DV
NAME	JORDON, JENNIFER L VP
STREET ADDRESS	50 SELLERS PLACE
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	DV
NAME	JORDAN, ANDY L VP
STREET ADDRESS	50 SELLERS PLACE
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/02/05-80017-014 150.00

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IN THIS SPACE**

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:

Melba J Poole

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/05

Date

850-243-7543

Daytime Phone #