

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVAL  
AND  
FILED

05 APR 19 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04122005 Chg-P CR2E034 (10/03) *MRS*

<b>DOCUMENT # P01000001522</b> 1. Entity Name CARPET CREATIONS OF NORTH FLORIDA, INC.	
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Principal Place of Business 1433 GREEN ST TALLAHASSEE, FL 32303	Mailing Address 1433 GREEN ST TALLAHASSEE, FL 32303
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2. Principal Place of Business <i>1433 Green St.</i> Suite, Apt. #, etc.	3. Mailing Address <i>1433 Green St.</i> Suite, Apt. #, etc.
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City & State <i>Tallahassee, Fla.</i>	City & State <i>Tallahassee Fla.</i>
Zip <i>32303</i>	Zip <i>32303</i>
Country <i>USA</i>	Country <i>USA</i>

4. FEI Number 59-3692591	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  DEKLE, CLAUDE 1433 GREEN ST TALLAHASSEE, FL 32303	7. Name and Address of New Registered Agent Name <i>Glaude Dekle</i> Street Address (P.O. Box Number is Not Acceptable) <i>1433 Green St.</i>  City <i>Tallahassee</i> FL Zip Code <i>32303</i>
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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 *[Signature]* **CLAUDE DEKLE** DATE **4-19-05**

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DEKLE, CLAUDE 1433 GREEN ST TALLAHASSEE, FL 32303	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: large;">                         300054033393                          05/09/05--01005--016 **150.00                     </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BENNETT, RACHELLE 1433 GREEN ST TALLAHASSEE, FL 32303	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **CLAUDE DEKLE** DATE **4-19-05** DAYTIME PHONE # **224-8092**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR