

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000001522

1. Entity Name

CARPET CREATIONS OF NORTH FLORIDA, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 APR 17 AM 10:09

Principal Place of Business

1433 GREEN ST
TALLAHASSEE FL 32303

Mailing Address

1433 GREEN ST
TALLAHASSEE FL 32303



2. Principal Place of Business - No P.O. Box #

1433 Green St

Suite, Apt. #, etc.

3. Mailing Address

1433 Green St

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Tallahassee, FL

City & State

Tallahassee

4. FEI Number

59-3692591

Applied For

Not Applicable

Zip

32303

Country

USA

Zip

32303

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

Claude Dekle

(NOTE: Registered Agent signature required when reinstating)

4-17-07

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME DEKLE, CLAUDE
STREET ADDRESS 1433 GREEN ST
CITY- ST- ZIP TALLAHASSEE FL 32303

TITLE D ☐ Delete
NAME BENNETT, RACHELLE
STREET ADDRESS 1433 GREEN ST
CITY- ST- ZIP TALLAHASSEE FL 32303

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 #