2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 10, 2004 08:00 AM Secretary of State DOCUMENT # P01000037573 1. Entity Name SADDLE CREEK CARPET STORE, INC. Principal Place of Business Mailing Address 3710 US HWY, 92 E. 3710 US HWY, 92 E. LAKELAND FL 33801 LAKELAND FL 33801 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-3712279 Not Applicable Cauntry Zio Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHEATHAM, RUDY R Street Address (P.O. Box Number is Not Acceptable) 11516 108TH PLACE N. LARGO FL 33778 Zio 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 37AG Signature, typed or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Change ☐ Addition ☐ Delete TIBLE सारह NAME CHEATHAM, RUDY R NAME U00000044872 STREET ADDRESS 11516 108TH PL NO STREET ADDRESS 02/11/04-80039-005 150.00 CITY - ST - ZIP LARGO FL 33778 CITY - ST-78P ☐ Change ☐ Addition TETLE ☐ Delete CHEATHAM, SHIRLEY A NAME NAME 11516 108TH PL NO STREET ADDRESS STREET ADDRESS LARGO FL 33778 CITY - SX- 216 CSY-ST-ZP Delete Change ☐ Addition TEELE **** NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition THILE THE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TRILE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIE 12. I hereby certify that the information supplied with this filling 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

3.A. CHEATHAM 2/6/04
Date Daytime Phone is

FILED