

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90075 046 \*\*\*150.00

**DOCUMENT # P01000037573**

1. Entity Name

**SADDLE CREEK CARPET STORE, INC.**



Principal Place of Business

3710 US HWY. 92 E.  
LAKELAND FL 33801  
US

Mailing Address

3710 US HWY. 92 E.  
LAKELAND FL 33801  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3712279

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHEATHAM, RUDY R  
2598 EDMOND CIRCLE  
AUBURNDAL FL 33823

7. Name and Address of New Registered Agent

Name

*SHIRLEY A. CHEATHAM*

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

*same*

City

*same*

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

*Shirley A. Cheatham*

SHIRLEY A. CHEATHAM

2/3/06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 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	P	<input type="checkbox"/> Delete
NAME	CHEATHAM, RUDY R	
STREET ADDRESS	2598 EDMOND CIRCLE	
CITY-ST-ZIP	AUBURNDAL FL 33823	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHEATHAM, SHIRLEY A	
STREET ADDRESS	2598 EDMOND CIRCLE	
CITY-ST-ZIP	AUBURNDAL FL 33823	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Shirley A. Cheatham*

SHIRLEY A. CHEATHAM 2/3/06 (863) 667-4511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #