


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> P01000050982	
<b>1. Entity Name</b> CARPET MASTERS OF THE EMERALD COAST, INC.	

<b>Principal Place of Business</b> 506 SPRINGACRES COVE NICEVILLE FL 32578	<b>Mailing Address</b> P O BOX 443 NICEVILLE FL 32588
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<b>2. Principal Place of Business - No P.O. Box #</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>City &amp; State</b>	<b>City &amp; State</b>
<b>Zip</b>	<b>Country</b>

1st MOORE CR2E034 (10/06)

<b>6. Name and Address of Current Registered Agent</b>  WORSHAM, RICHARD L 506 SPRINGACRES COVE NICEVILLE FL 32578	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **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** **\$5.00 May Be**  
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> PVST <input type="checkbox"/> Delete	<b>NAME</b> WORSHAM, RICHARD L <b>STREET ADDRESS</b> P.O. BOX 443 <b>CITY-ST-ZIP</b> NICEVILLE FL 32588	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <input type="checkbox"/> Delete	<b>NAME</b> WORSHAM, RICHARD L <b>STREET ADDRESS</b> P.O. BOX 443 <b>CITY-ST-ZIP</b> NICEVILLE FL 32588	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	U00000696225 04/17/07-80091-014 150.00
<b>TITLE</b> <input type="checkbox"/> Delete		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <input type="checkbox"/> Delete		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <input type="checkbox"/> Delete		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <input type="checkbox"/> Delete		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	

**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 on Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Richard L. Worsham* **Richard L Worsham** **4-4-07 865-5335**