

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90008 029 ***550.00

DOCUMENT # P01000072342

1. Entity Name

LORD OF THE RUGS INC.



Principal Place of Business

2114 WAVERLY PLACE
MELBOURNE FL 32901

Mailing Address

2114 WAVERLY PLACE
MELBOURNE FL 32901

2. Principal Place of Business

2114 WAVERLY PL
Suite, Apt. #, etc.

3. Mailing Address

2114 WAVERLY PL
Suite, Apt. #, etc.



MOORE

CR2E034 (4/04)

City & State

MELBOURNE FLORIDA

City & State

MELBOURNE FLORIDA

4. FEI Number

59-3736801

Applied For

Not Applicable

Zip

32901

Country

FLORIDA

Zip

32901

Country

FLORIDA

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASEY, DAVID
2114 WAVERLY PLACE
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name: DAVID CASEY

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

2114 WAVERLY PL

City: Melbourne

FL

Zip Code

32901

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

David Casey

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9.8.04

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: P ☐ Delete
NAME: CASEY, TERRENCE P
STREET ADDRESS: 282 CABRINI BLVD #2K
CITY-ST-ZIP: NEW YORK NY 10040

TITLE: D ☐ Delete
NAME: CASEY, DAVID
STREET ADDRESS: 2114 WAVERLY PLACE
CITY-ST-ZIP: MELBOURNE FL 32901

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:

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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 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:

David Casey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9.8.04

Date

Daytime Phone #