2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 14, 2007 08:00 AM DOCUMENT # P01000099914 **Secretary of State** 1. Entity Namo K-MAN'S CARPET INSTALATION INC. Principal Place of Business Mailing Address P.O.BOX 942 P.O.BOX 942 PLYMOUTH FL 32768 PLYMOUTH FL 32768 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3752278 Not Applicable Zip Country Country \$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 ROBINSON, KENNETH Street Address (P.O. Box Number is Not Acceptable) 3200 DEW BERRY AVE PLYMOUTH FL 32768 City 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. FILE NOW!!! FEE IS \$150.00 .. 9. Election Campaign Financing \$5.00 May Be * After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE IIILE ☐ Change ☐ Addition □ Delete ROBINSON, KENNETH NAME NAME U00000636253 P.O.BOX 942 STREET ADDRESS STREET ADDRESS 02/26/07-80009-015 158.75 PLYMOUTH FL 32768 CITY-ST-7IP CITY - ST - 71P ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-7IP TITLE ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-7(P CITY-SI-7IP TIFLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP ☐ Delete Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CUTY - ST - 7IP CITY - ST - ZIP

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12. I heroby 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.