

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000121140**

1. Entity Name  
**PRESTIGE CARPET OF DAYTONA, INC.**



Principal Place of Business

2150 S. NOVA RD.  
UNIT C  
S. DAYTONA, FL 32119

Mailing Address

2150 S. NOVA RD.  
BOX A  
S. DAYTONA, FL 32119

**DO NOT WRITE IN THIS SPACE**



03312008 No Chg-P CR2E034 (11/05)

4. FEI Number

**59-3761402**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

FOSTER, WALTER E III  
C/O PRESTIGE CARPET OF DAYTONA  
315 S PALMETTO AVENUE  
DAYTONA BEACH, FL 32114

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

|                |                            |
|----------------|----------------------------|
| TITLE          | P                          |
| NAME           | KASEY, R. STEVE            |
| STREET ADDRESS | 692 REILLY'S ROAD          |
| CITY-ST-ZIP    | PORT ORANGE, FL 32127      |
| TITLE          | VP                         |
| NAME           | GIBSON, IV, FINLEY F       |
| STREET ADDRESS | 5089 PALMETTO STREET       |
| CITY-ST-ZIP    | PORT ORANGE, FL 32127      |
| TITLE          | S                          |
| NAME           | MONGATO, JOSEPH J          |
| STREET ADDRESS | 2531 SUNSET DRIVE          |
| CITY-ST-ZIP    | NEW SMYRNA BEACH, FL 32169 |
| TITLE          | T                          |
| NAME           | BISCHOFF, AIME L           |
| STREET ADDRESS | 1443 TAMMANY WAY           |
| CITY-ST-ZIP    | PORT ORANGE, FL 32129      |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY-ST-ZIP    |                            |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY-ST-ZIP    |                            |

000000877633  
04/14/08-80022-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**

*R. Steve Kasey, Pres.*

03/31/08

386-788-2550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #