

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000122461

FILED
Jan 16, 2006
Secretary of State

Entity Name: LEPAGE CARPET & TILE, INC.

Current Principal Place of Business:

44 W. GULF TO LAKE HWY.
LECANTO, FL 34461

New Principal Place of Business:

Current Mailing Address:

44 W. GULF TO LAKE HWY.
LECANTO, FL 34461

New Mailing Address:

FEI Number: 26-0005767

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEPAGE, ALFRED
1440 S. HILLOCK TERR.
INVERNESS, FL 34452 US

Name and Address of New Registered Agent:

LEPAGE, ALFRED
244 N. SPEND A BUCK DR.
INVERNESS, FL 34453 US

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.

SIGNATURE:

01/16/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEPAGE, ALFRED
Address: 1440 S. HILLOCK TERR.
City-St-Zip: INVERNESS, FL 34452

Title: D () Delete
Name: LEPAGE, SHARON
Address: 1440 S. HILLOCK TERR.
City-St-Zip: INVERNESS, FL 34452

Title: S () Delete
Name: LLOYD, AUDREY
Address: 3838 S. VENTURA AVE.
City-St-Zip: INVERNESS, FL 34452

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LEPAGE, ALFRED
Address: 244 N. SPEND A BUCK DR.
City-St-Zip: INVERNESS, FL 34453

Title: D (X) Change () Addition
Name: LEPAGE, SHARON
Address: 244 N. SPEND A BUCK DR.
City-St-Zip: INVERNESS, FL 34453

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON LEPAGE

D

01/16/2006

Electronic Signature of Signing Officer or Director

Date