2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mailing Address

P.O. BOX 380126

3. Mailing Address

City & State

Ζip

Suite, Apt. #, etc.

MURDOCK FL 33938

DOCUMENT # P02000000483

Entity Name

Principal Place of Business

9 SHY STREET PORT CHARLOTTE FL 33954

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

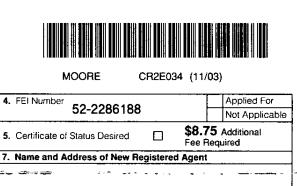
EXQUISITE CARPET & INTERIORS, INC



FILED Mar 15, 2004 8:00 am Secretary of State

03-15-2004 90051 024 ***150.00

24066610



6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

HOLBERT, WALTER T 9 SHY STREET PORT CHARLOTTE FL 33954

Country

City FL Z	Zip Code

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

١.	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.		
		•	

(NOTE: Registered Agent signature required when reinstating)

Country

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

 Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10.	OF TOURS AND DIFFERENCE		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TI			
my.	P Del	lete	THTLE		☐ Change	Addition
NAME	HOLBERT, WALTER T		NAME [
STREET ADDRESS	9 SHY STREET	•	STREET ADDRESS			ļ
CITY-ST-ZIP	PORT CHARLOTTE FL 33954		CITY-ST-ZIP	•		
TITLE	☐ Del	lete	TITLE		☐ Change	☐ Addition
NAME			NAME			_
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE	☐ Del	lete .	TITLE		Change	☐ Addition
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STREET ADDRESS			STREET ADDRESS			ì
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TITLE	□ Del	iete	TITLE		☐ Change	☐ Addition
NAME			NAME :	•	_ •	
STREET ADDRESS			STREET ADDRESS	•		
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE	□ Del	ete	TITLE		Change	☐ Addition
NAME			NAME	·		
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CITY-ST-ZIP			CITY-ST-ZIP			
TITLE	☐ Del	lete	TITLE		Change	Addition
NAME			NAME I			_
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
GITT-ST-ZIF			CITT-ST-ZIP			i

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

MALTER 1. T

03/12/04 /94

(941)625-5666