

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000013666 1. Entity Name ADVANCED CARPET & SERVICES INC.	
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Principal Place of Business POST OFFICE BOX 1816 SANTA ROSA BEACH, FL 32459	Mailing Address POST OFFICE BOX 1816 SANTA ROSA BEACH, FL 32459
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DO NOT WRITE IN THIS SPACE

04202004 No Chg-P CR2E034 (10/03)

4. FEI Number 75-3005578	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOWELL, DIANE C
77 SATINWOOD DR
SANTA ROSA BEACH, FL 32459

**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 DIANE C. HOWELL (President) DATE 4-20-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000131704 04/27/04-80016-006 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HOWELL, DIANE POST OFFICE BOX 1816 SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GINN, ALISE C POST OFFICE BOX 1846 SANTA ROSA BEACH, FL 32549
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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: Diane C. Howell 4-20-04 859-269-3617 Home
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #