

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90008 006 ***150.00

DOCUMENT # P02000029677

1. Entity Name
B & M CARPET INSTALLATION, INC.



Principal Place of Business
**6153 VALERIA RD
BOKELLIA, FL 33922**

Mailing Address
**6253 VALERIA RD
BOKELLIA, FL 33922**

54066145



2. Principal Place of Business

1427 SE 3RD TER

Suite, Apt. #, etc.

3. Mailing Address

1427 SE 3RD TER

Suite, Apt. #, etc.

07232004

Chg-P

CR2E034 (10/03)

City & State

CAPE CORAL FL

Zip

33903

Country

US

City & State

CAPE CORAL FL

Zip

33903

Country

US

4. FEI Number

01-0623689

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SOUTHWEST PROFESSIONAL SERVICES OF S. FLA
13571 MCGREGOR BLVD #22
FORT MYERS, FL 33919**

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LINDSAY, MICHAEL	
STREET ADDRESS	6253 VALERIA ROAD	1427 SE 3RD TER
CITY-ST-ZIP	BOKELLIA, FL 33922	CAPE CORAL FL 33903
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HOWELL, GEORGE	
STREET ADDRESS	6253 VALERIA ROAD	
CITY-ST-ZIP	BOKELLIA, FL 33922	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN NIGRO, III	
STREET ADDRESS	1427 SE 3RD TER	
CITY-ST-ZIP	CAPE CORAL FL 33903	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Mike Lindson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRO

7/23/04

Date

Daytime Phone #