

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P02000037150**

1. Entity Name  
**DAVID'S CUSTOM CARPET, INC.**



FILED

05 OCT 11 PM 12:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
6622 SUNSET AVE.  
PANAMA CITY BEACH, FL 32408

Mailing Address  
6622 SUNSET AVE.  
PANAMA CITY BEACH, FL 32408



2. Principal Place of Business  
**162 DERBY WOODS DR.**

3. Mailing Address  
**162 DERBY WOODS DR.**

Suite, Apt. #, etc.

09152005 Chg-P CR2E034 (10/03)

City & State  
**LYNN HAVEN FL**

City & State  
**LYNN HAVEN FL**

4. FEI Number  
**04-3651021**

Applied For  
 Not Applicable

Zip  
**32444**

Country  
**32444**

Zip  
**32444**

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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

**FOSTER, JAMES D**  
6622 SUNSET AVE  
PANAMA CITY BEACH, FL 32408

**7. Name and Address of New Registered Agent**

Name  
**JAMES D. FOSTER**

Street Address (P.O. Box Number is Not Acceptable)  
**162 DERBY WOODS DR.**

City  
**LYNN HAVEN** **FL** Zip Code  
**32444**

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 James D Foster **JAMES D. FOSTER** **9-15-05**  
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 October 1, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	PVST FOSTER, JAMES D 6622 SUNSET AVE. PANAMA CITY BEACH, FL 32408	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>162 DERBY WOODS DR.</b> <b>LYNN HAVEN, FL 32444</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>800060779968</b> <b>10/19/05--01060--004 **150.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 James D Foster **JAMES D. FOSTER** **9-15-05** **(850) 624-8298**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #