


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000051947 1. Entity Name EXCALIBUR CARPETS, INC.	
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Principal Place of Business 3184 N.E. 12TH AVENUE OAKLAND PARK, FL 33334	Mailing Address 3184 N.E. 12TH AVENUE OAKLAND PARK, FL 33334
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DO NOT WRITE IN THIS SPACE



02012004 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0691259	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'CONNELL, DAVID J
270 S.W. 9TH STREET
POMPAÑO BEACH, FL 33060

**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 _____
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 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000033033 02/05/04-80025-024 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNEY, MARK 200 LESLIE DRIVE #920 HALLANDALE BEACH, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'CONNELL, DAVID 270 S.W. 9TH STREET POMPAÑO BEACH, FL 33060
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **DAVID J. O'CONNELL** **02/04/04** **954 463-0361**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #