2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

		ITITOA	L NEFONI (AN		•	– Apr 20, 2004 8:00 am	
DOCUMENT # P02000098168 1. Entity Name						Secretary of State	
GUNN'S CARPET SHOPE, INC.						04-26-2004 90555 022 ***150.00	
Principal Plac	e of Business		Mailing Address			_	
843 MIRAMAR ST 843 MIRAMAR ST							
CAPE CORAL FL 33904 CAPE CORAL FL 33904							
						C TREATHER AN RESUR WAY ROM BOM BOM BOM BOM BOM (BIR) HAR HOLD THE CONTRACT OF THE	
2 Principal P	Naco of Busin	ore	3 Mailing Address				
2. Principal Place of Business St					as at		
Suite, Apt.	#, etc.	ran —	Suite, Apt. #, etc.			MOORE CR2E034 (11/03)	
Cape Cord Fla			Cape Coral	Cape Coral Fla		4. FEI Number 74-3056191 Applied For Not Applicabl	e
Zip Country 33904		Country	33 909	Cour	ntry Le	5. Certificate of Status Desired	
6. Name and Address of Current Registered Agent					Nome	7. Name and Address of New Registered Agent	
CLIA	IN IOUN	16	The second of th	: -	.Name	يد. در موسيد دين د چې د د د مواد مواد د د د د د د د د د د د د د د د د د د	-
GUNN, JOHN F 604 SE 36TH STREET CAPE CORAL FL 33904					Street Address	is (P.O. Box Number is Not Acceptable)	
CAF	E CONAI	L FL 33504					
					City	FL Zip Code	
			itement for the purpose of changing its	register	ed office or regist	stered agent, or both, in the State of Florida. I am familiar with, and accep	t
the obligations of registered agent.							
SIGNATURE	your	, /100				4-22-04	
Audabay Liberatora	Signature, typed	or printed name of regi	stered agent and title if applicable. (NOT	E: Registere	ed Agent signature requi	ured when reinstating) DATE	_
And the Control of the Control of the Control	Serie all Malaces	!! FEE IS \$15 04 Fee will be !	·····································			9. Election Campaign Financing \$5.00 May Be	
			tment of State			Trust Fund Contribution. L.J Added to Fees	
10.	Commission of Services Co	OFFICI	ERS AND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	_
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		- 1-4	- Maria and Anna Pro I am a second		Y-ST-ZIP	Continue 110 07/00/0 Florid- October 15 of the 12 of the	
12. I hereby certify that the information supplied with this filing does not quality 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							
of the co changed	rporation or t I, or on an att	ne receiver or tru achment with an	stee empowered to execute this repor address, with all other like empowered	τ as requ d.	irred by Chapter 6	607, Florida Statutes; and that my name appears in Block 10 or Block 11 i	l
		11.1	Him			11 17-04	
SIGNAT	TURE: _	C SIGNATURE AND	TYPED OR PRINTED NAME OF SIGNING OFFICE	OR NIBE	TOR	4-22-09 Date Daytime Phone #	
i s		- Journal Offe AME	on root the name or standay office	. on pinet		Date Daytine Fitting #	