

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

|                                                               |                                                                                   |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P02000116000</b>                                |  |
| 1. Entity Name<br><b>CARPETS AND MORE OF MIDDLEBURG, INC.</b> |                                                                                   |

|                                                                                        |                                                                            |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Principal Place of Business<br><b>2551 BLANDING BLVD., #A<br/>MIDDLEBURG, FL 32068</b> | Mailing Address<br><b>2551 BLANDING BLVD., #A<br/>MIDDLEBURG, FL 32068</b> |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



02092005 No Chg P CR2EG34 (11/05)

|                                                                      |                                                        |
|----------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>30-0177731</b>                                   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>BOONE, PAUL S ESQ.<br/>4511 BEACH BLVD, STE. 401<br/>JACKSONVILLE, FL 32207</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------|

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when withdrawing)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$250.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00** May Be  
Added to Fees

000000432848

02/23/06 80086-008 158.75

| TO: OFFICERS AND DIRECTORS                       |                                                                                   |
|--------------------------------------------------|-----------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <b>P<br/>BOSTON, CURTIS WAYNE<br/>2551 BLANDING BLVD<br/>MIDDLEBURG, FL 32068</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                                   |

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 any attachment with an address, with all other like empowered.

**SIGNATURE:** *Curtis Wayne Boston* **Curtis Wayne Boston** 2/9/06 904 5456353  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #