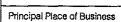
2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P02000124084 SUN SERVICE CARPETS & MORE, INC.

FILED Apr 30, 2004 08:00 AM Secretary of State



Mailing Address

P.O. BOX 350864

P.O. BOX 350864

JACKSONVILLE, FL 32235

JACKSONVILLE, FL 32235--086 US



DO NOT WRITE IN THIS SPACE

04292004 No Chg-P CR2E034 (10/03)

4. FEI Number 11-3665245

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional $\mathbf{\nabla}$ Fee Required

6. Name and Address of Current Registered Agent

TISON, SHAWN R 612 STAFFORDSHIRE DR JACKSONVILLE, FL 32225

DO NOT WRITE IN THIS SPACE

6. The above the obliga	named entity submits this statement for the parties of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or be	oth, in the State of Florida. I am fa	millar with, and accept
SIGNATURE.				y a, the c		- v [*] , , , , , ,
	Signature, typed or printed name of registered agent and site	required when reinstating)	DATE	1.1.1 P. P. P. 1.25		
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	oing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TISON, SHAWN R P.O. BOX 350864 JACKSONVILLE, FL 32235	le.			U00000144772 04/30/04-80144-0	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TISON, BRIGETTE J PO BOX 350864 JACKSONVILLE, FL 32225	ر ا	·		19473U7U4-8U144-QI	32 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		and the second		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				`		
12. I hereby o	certify that the information supplied with this fill on this report or supplemental report is true a	ing does not qualify for the exem	ption stated	in Section 119.07(3)	(i), Florida Statutes, I further certif	y 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 it made under oath; that I am an officer or director of the corporation or the receiver or frustee 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.

SI	GI	ΔĐ	T	H	R	F
J	VII	¥.M		v.	п	⇇