## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: \_

## Mar 02, 2005 8:00 am DOCUMENT #\_P03000030565 **Secretary of State** 1. Entity Name 03-02-2005 90087 047 \*\*\*150.00 M & J CARPET INSTALLATION, INC. Principal Place of Business -- # Mailing Address 16613 BEARLE RD 16613 BEARLE RD 50021704 ORLANDO FL 32828-5412 ORLANDO FL 32828-5412 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 55-0826329 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BENTLEY, MICHAEL L Street Address (P.O. Box Number is Not Acceptable) 16613 BEARLE RD ORLANDO FL 32828-5412 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printigd name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. fitte: TITLE ☐ Change Addition ☐ Delete NAMÉ BENTLEY, MICHAEL L NAME STREET ADDRESS 16613 BEARLE RD STREET ADDRESS ORLANDO FL 32828-5412 CITY-ST-ZIP ČITY-ST-ZIP VS. ☐ Delete TITLE Change ☐ Addition TITLE BENTLEY, JENNIFER M NAME 16613 BEARLE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32828-5412 CITY-ST-ZIP ☐ Delete TITLE - Change . Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change | ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

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