

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90114 035 ***150.00

DOCUMENT # P03000069594

1. Entity Name
PALACE RUGS, INC.



Principal Place of Business
**3906 HWY 98 STE 34
SANTA ROSA, FL 32459**

Mailing Address
**3906 HWY 98 STE 34
SANTA ROSA, FL 32459**

44047016



2. Principal Place of Business
3906 Hwy 98w
Suite, Apt. #, etc.
Suite 34

3. Mailing Address
3906 Hwy 98w
Suite, Apt. #, etc.
Suite 34

07022004 Chg-P CR2E034 (10/03)

City & State
Santa Rosa Beach, FL
Zip
32459
Country
USA

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Santa Rosa Beach, FL
Zip
32459
Country
USA

4. FEI Number
90-0127226
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HAUGHT, BRUCE A
385 HWY 98 STE 220
DESTIN, FL 32541**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-1-04

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Rahmat Ali Babay
485 Gulf Shore Rd. # 304
Destin, FL 32541**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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.

SIGNATURE: **R. Babay**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-04 850-622-3344

Date Daytime Phone #