

2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/2

FILED
Jun 07, 2004 8:00 am
Secretary of State

04-29-2004 90263 003 ***150.00

DOCUMENT # P03000073885

1. Entity Name
**SONLIGHT CARPETS MOHAWK FLOORSCAPES INC. OF
BRANDON**



Principal Place of Business
**6028 W LINEBAUGH AVENUE
TAMPA, FL 33625 US**

Mailing Address
**6028 W LINEBAUGH AVENUE
TAMPA, FL 33625 US**

66426945



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192004

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0069802

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JUDITH G CORNELIUS CPA PA
6707 N HIMES AVENUE
TAMPA, FL 33625**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LAFOSSEE, LENNY	
STREET ADDRESS	6028 W LINEBAUGH AVENUE	
CITY-ST-ZIP	TAMPA, FL 33625	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JONES, DONALD	
STREET ADDRESS	6028 W LINEBAUGH AVENUE	
CITY-ST-ZIP	TAMPA, FL 33625	
TITLE	TREA	<input type="checkbox"/> Delete
NAME	NEATHERLY, EDNA M	
STREET ADDRESS	6028 W LINEBAUGH AVENUE	
CITY-ST-ZIP	TAMPA, FL 33625	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	PETITT, JENNIFER	
STREET ADDRESS	6028 W LINEBAUGH AVENUE	
CITY-ST-ZIP	TAMPA, FL 33625	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Leonard Lafosse
LEONARD LAFOSSE

4-27-04

813-264-5673

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #