FILED
May 03, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000073885

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

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

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04272005 No 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

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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, 2005 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
NAME	LAFOSSEE, LENNY
STREET ADDRESS	6028 W LINEBAUGH AVENUE
CITY-ST-ZIP	TAMPA, FL 33625
TITLE	VP
NAME	JONES, DONALD
STREET ADDRESS	6028 W LINEBAUGH AVENUE
CITY-ST-ZIP	TAMPA, FL 33625
TITLE	TREA
NAME	NEATHERLY, EDNA M
STREET ADDRESS	6028 W LINEBAUGH AVENUE
CITY-ST-ZIP	TAMPA, FL 33625
TITLE	SEC
NAME	PETITT, JENNIFER
STREET ADDRESS	6028 W LINEBAUGH AVENUE
CITY-ST-ZIP	TAMPA, FL 33625
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4-28-05 813-264-5673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #