

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90001 022 ***150.00

DOCUMENT # P03000086522

1. Entity Name
WHOLESALE CARPET OF ST. AUGUSTINE INC.



Principal Place of Business
**2820 LEWIS SPEEDWAY
ST. AUGUSTINE, FL 32084**

Mailing Address
**2820 LEWIS SPEEDWAY
ST. AUGUSTINE, FL 32084**

54018929



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-1199086

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INTERNOSCIA, DAVID
3149 PONCE DE LEON BLVD., UNIT #7
ST. AUGUSTINE, FL 32084**

Name **BLEAU, ROBERT O. III**

Street Address (P.O. Box Number is Not Acceptable)

2820 LEWIS SPEEDWAY

City **ST. AUGUSTINE**

FL

Zip Code **32084**

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.

ROBERT BLEAU III Pres

(NOTE: Registered Agent signature required when reinstating)

DATE

3/8/04

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST
BLEAU, ROBERT O III
2820 LEWIS SPEEDWAY
ST. AUGUSTINE, FL 32084** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BLEAU, ROBERT O III
2820 LEWIS SPEEDWAY
ST. AUGUSTINE, FL 32084** ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert O. Bleau III

President

3/8/04

Date

Daytime Phone #

904-823-9594