12008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2008 08:00 Al Secretary of State

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DOCUMENT # P03000086522				Secretary of S			
WHOLESALE CARPET OF ST. AUGUSTINE INC.							
Principal Plac	e of Business	Mailing Address	<u> </u>				
2820 LEWIS		2820 LEWIS SPEEDWAY		-			
ST. AUGUSTINE, FL 32084 ST. AUGUSTINE, FL 32084							
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A Company of March 1981 and the second				04142008	No Chg-P	CR2E034	(11/05)
DO NOT WRITE IN THIS SPACE			CE	4. FEI Numb	er	 -	Applied For
				65-119			Not Applicable
, juli				5. Certificate	of Status Desired		.75 Additional Required
6. Name and Address of Current Registered Agent						7, 3,04,	
BLEAU. R	OBERT O III			DΩ	NOT W	DITE	
2820 LEWIS SPEEDWAY					NOT W		,
ST. AUGUSTINE, FL 32084				IN"	THIS SF	ACE	
				, i			, ₄ , ₄ , ₄ , ₄ ,
8. The above	named entity submits this statement for the	e purpose of changing its register	red office or regis	stered agent, or bo	th, in the State of Flo	orida. I am fami	liar with, and accept
the obligat	tions of registered arient.	*			,		
SIGNATURE.		NOTE D	ed Agent signature requ				· · ·
	Signature, typed or printed name of registered agent and	the in applications (NOTE; register)	ad wite it adulatore tede	med wher rengiating)	<u> </u>	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution	ncing \$	5.00 May Be Added to Fees	U0000 05/106/10)0909718 3-80082-1) 192 150 20 J
10.	OFFICERS AND DIF	RECTORS					
HILLE	PVST						
NAME STREET ADDRESS	BLEAU, ROBERT O III 2820 LEWIS SPEEDWAY					,	·
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084		ł	3		į.	`
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NAME	BLEAU, ROBERT O III					an inches	
STREET ADDRESS	2820 LEWIS SPEEDWAY			e the contract of the contract			
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084		-	**************************************			
TITLE NAME							10.7
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

STREET ADDRESS CITY-ST-ZIP

JRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/08

(904) 823-9594

Daylime Phone i