

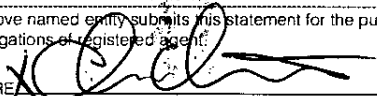
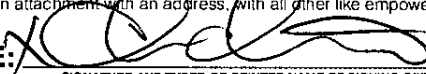


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90453 042 ***150.00

DOCUMENT # P03000105991					
1. Entity Name SOUTHWEST FLORIDA CARPET CORPORATION					
Principal Place of Business 10427 STAFFORD CREEK BLVD. UNIT 102 LEHIGH ACRES, FL 33936			Mailing Address 10427 STAFFORD CREEK BLVD. UNIT 102 LEHIGH ACRES, FL 33936		
2. Principal Place of Business 306 E. 10TH ST Suite, Apt. #, etc.		3. Mailing Address 306 E 10th ST Suite, Apt. #, etc.			
City & State Lehigh ACRES FL		City & State Lehigh ACRES FL		4. FEI Number 42-1606550	
Zip 33936		Country LEE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name: CHRIS CHESTNUT Street Address (P.O. Box Number is Not Acceptable) 306 E 10th ST City: Lehigh ACRES FL Zip Code: 33936		
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:  DATE: X 4-21-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$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	PSTD CHESTNUT, CHRIS 10427 STAFFORD CREEK BLVD., UNIT 102 LEHIGH ACRES, FL 33936		TITLE NAME STREET ADDRESS CITY-ST-ZIP	306 E. 10th ST. LEHIGH ACRES FL 33936	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			DATE: X 4-21-04 DAYTIME PHONE: X (39) 308-1248		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					