2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000106541 **Secretary of State** 1. Entity Name 03-24-2004 90038 014 ***150.00 D&N CARPET INSTALLATION, INC. Principal Place of Business Mailing Address 1951 SW 97TH TERRACE 1951 SW 97TH TERRACE MIRAMAR FL 33025 MIRAMAR FL 33025 2. Principal Place of Business 3. Mailing Address 3457S,W,95Street 34575, W.95 Street Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State Dunnellon, Florida unnellon, Not Applicable \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BENSON, DONALD E NAME 1951 SW 97TH TERRACE STREET ADDRESS STREET ADDRESS MIRAMAR FL 33025 City-St-7iP CITY-ST-7IP Treasurer Change SD Delete Addition TITLE TITLE Benson, Donald E. ACOSTA, NORMAN L NAME NAME 1951 SW 97TH TERRACE STREET ADDRESS STREET ADDRESS 34575,W,955F. MIRAMAR FL 33025 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

s, with all other like empowered

FILED

Mar 24, 2004 8:00 am