

**2005 FOR PROFIT CORPORATION  
REINSTATEMENT**

1082

**FILED**

05 JUN 28 PM 2:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P03000112939  
1. Entity Name  
CARPETS WITH LOVE, INC.

Principal Place of Business  
101 POQUITO ROAD UNIT A  
SHALIMAR, FL 32579

Mailing Address  
101 POQUITO ROAD UNIT A  
SHALIMAR, FL 32579

2. Principal Place of Business  
413 WATERWAY LN  
Suite, Apt. #, etc.

3. Mailing Address  
SAME  
Suite, Apt. #, etc.

City & State  
FT WALTON BEACH

City & State

Zip  
32547

Country  
OKG.

Zip

Country



**REINSTATEMENT**

CR2E098 (6/04)

04-05

6. Name and Address of Current Registered Agent  
VAUGHN, RAY  
101 POQUITO ROAD UNIT A  
SHALIMAR, FL 32579

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRANK SADB PRES 413 WATERWAY LN PT WALTON BEACH 32547	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRED CASTLE VICE #2 DENTON FT WALTON BEACH 32547	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TOOD WETZLER SBL PRAIRYGROUND INN 156 PT WALTON BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
400057346254 07/12/05--01033--012 **300.00		
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"/> Change <input type="checkbox"/> Addition
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"/> 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: Frank Sade \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

JUNE 28 1905  
2012

F FRANK SADE

2004

DID NOT RECIEVED

My ANNUAL REPORT FOR 2004  
CARPETS WITH LOVE..

Frank Saale