

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JUL 29 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000117252

1. Entity Name
JAMES HUSSEY'S CARPETS CORP



Principal Place of Business

Mailing Address

~~2908 NEPAL DR~~
~~TALLAHASSEE, FL 32303~~

~~2908 NEPAL DR~~
~~TALLAHASSEE, FL 32303~~

2. Principal Place of Business

3. Mailing Address

11899 North EIK Cam

11899 N. EIK Cam Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dunnellon FL

City & State

Dunnellon, FL

Zip

Country

34433

Zip

Country

34433

07292004

Chg-P

CR2E034 (10/03)

04

4. FEI Number

☒ 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

HUSSEY, JAMES
~~2908 NEPAL DR~~
~~TALLAHASSEE, FL 32303~~

Name

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

11899 North EIK Cam Blvd

Dunnellon

FL

Zip Code

34433

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)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME HUSSEY, JAMES
STREET ADDRESS ~~2908 NEPAL DR~~
CITY-ST-ZIP ~~TALLAHASSEE, FL 32303~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME 11899 North EIK Cam Blvd
STREET ADDRESS Dunnellon FL 34433
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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: James Hussey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/04

Date

Daytime Phone #