

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000117252

1. Entity Name
JAMES HUSSEY'S CARPETS CORP



FILED
CLERK OF STATE
OFFICE OF CORPORATION

06 MAR 13 PM 3:16

Principal Place of Business

1501 CAMEO COURT
TALLAHASSEE, FL 32303

Mailing Address

1501 CAMEO COURT
TALLAHASSEE, FL 32303

2. Principal Place of Business

8400 SAND RIDGE CT.

Suite, Apt. #, etc.

Tallahassee FLA.

City & State

32303

Zip

Country

3. Mailing Address

8400 SAND RIDGE CT.

Suite, Apt. #, etc.

Tallahassee FLA.

City & State

32303

Zip

Country

03132006

Chg-P

CR2E034 (11/05)

4. FEI Number

06-1711853

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUSSEY, JAMES
1501 CAMEO COURT
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name

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

8400 SAND RIDGE CT.

Tallahassee FLA

City

FL

Zip Code

32303

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

James Hussey

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-13-06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HUSSEY, JAMES
1501 CAMEO COURT
TALLAHASSEE, FL 32303 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HUSSEY JAMES
8400 SAND RIDGE CT.
Tallahassee FLA. 32303 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100067972851
03/16/06--01017--007 **150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3/13/13 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby 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:

James Hussey JAMES HUSSEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-06

Date

850-519-6070

Daytime Phone #