

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90188 039 \*\*\*150.00

**DOCUMENT # P03000117721**

1. Entity Name

GARY ZIPFEL CARPET INSTALLATION, INC.



Principal Place of Business

14828 PADDOCK DR  
WELLINGTON FL 33414

Mailing Address

14828 PADDOCK DR  
WELLINGTON FL 33414



2. Principal Place of Business

1215 Periwinkle Pl

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Wellington

City & State

FL

4. FEI Number

90-0147204

Applied For

Not Applicable

Zip

33414

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ZIPFEL, GARY A  
14828 PADDOCK DR  
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name ZIPFEL, GARY A

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

1215 Periwinkle Pl

Wellington

City

FL

Zip Code

33414

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**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PS ☐ Delete  
NAME ZIPFEL, GARY A  
STREET ADDRESS 14828 PADDOCK DR  
CITY-ST-ZIP WELLINGTON FL 33414

TITLE V ☐ Delete  
NAME ZIPFEL, GARY A JR  
STREET ADDRESS 14828 PADDOCK DR  
CITY-ST-ZIP WELLINGTON FL 33414

TITLE ☒ Delete  
NAME ZIPFEL, DAVE M  
STREET ADDRESS 14828 PADDOCK DR  
CITY-ST-ZIP WEST PALM BEACH FL 33414

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME 1215 Periwinkle Pl  
STREET ADDRESS Wellington FL 33414  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME Same as above  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME Same as above  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561 333 8842