

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000118967

FILED
Sep 05, 2007
Secretary of State

Entity Name: QUALITY KARPET INSTALLATION, INC.

Current Principal Place of Business:

2474 PINE CHASE CIR
ST. CLOUD, FL 34769

New Principal Place of Business:

2961 KISSIMMEE PARK RD
ST. CLOUD, FL 34772

Current Mailing Address:

2474 PINE CHASE CIR
ST. CLOUD, FL 34769

New Mailing Address:

2961 KISSIMMEE PARK RD
ST. CLOUD, FL 34772

FEI Number: 32-0102912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACREE, WILLIAM J
2474 PINE CHASE CIR
ST. CLOUD, FL 34769 US

Name and Address of New Registered Agent:

ACREE, WILLIAM J
2961 KISSIMMEE PARK RD
ST. CLOUD, FL 34772 US

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.

SIGNATURE:

09/05/2007

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ACREE, WILLIAM J
Address: 2474 PINE CHASE CIR
City-St-Zip: ST. CLOUD, FL 34769

Title: V () Delete
Name: RIGETTA, CHRISTINA
Address: 2474 PINE CHASE CIR
City-St-Zip: ST. CLOUD, FL 34769

Title: S () Delete
Name: RIGETTA, CHRISTINA
Address: 2474 PINE CHASE CIR
City-St-Zip: ST. CLOUD, FL 34769

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ACREE, WILLIAM J
Address: 2961 KISSIMMEE PARK RD
City-St-Zip: ST. CLOUD, FL 34772

Title: V (X) Change () Addition
Name: RIGETTA, CHRISTINA
Address: 2961 KISSIMMEE PARK RD
City-St-Zip: ST. CLOUD, FL 34772

Title: S (X) Change () Addition
Name: RIGETTA, IRIS
Address: 2961 KISSIMMEE PARK RD
City-St-Zip: ST. CLOUD, FL 34772

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM J ACREE

P

09/05/2007

Electronic Signature of Signing Officer or Director

Date