


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90081 040 ***150.00

DOCUMENT # P03000121118	
1. Entity Name PITTMAN'S CARPET INSTALLATION & REPAIR, INC.	

Principal Place of Business 12007 GLEENHILL DRIVE RIVERVIEW FL 33569	Mailing Address 12007 GLEENHILL DRIVE RIVERVIEW FL 33569
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2. Principal Place of Business 12007 Glenhill DR.	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Riverview FL	City & State SAME
Zip 33569	Country U.S.
Zip 33569	Country U.S.



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent PITTMAN, MIKE R 12007 GLEENHILL DRIVE RIVERVIEW FL 33569	7. Name and Address of New Registered Agent Name: Anthony Graham Street Address (P.O. Box Number is Not Acceptable): 12007 Glenhill DR. City: Riverview FL Zip Code: 33569
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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: Michael R. Pittman DATE: 4-10-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <u>Secretary</u> <input checked="" type="checkbox"/> Delete	TITLE: <u>VICE PRESIDENT</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <u>Mike Graham</u>	NAME: <u>Cheryl Graham</u>
STREET ADDRESS: <u>1860 U.S. 41 South</u>	STREET ADDRESS: <u>12007 Glenhill DR.</u>	CITY-ST-ZIP: <u>Gibsonville FL 33534</u>	CITY-ST-ZIP: <u>Riverview FL 33569</u>
TITLE: <input type="checkbox"/> Delete	TITLE: <u>TREASURER</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <u>Anthony Graham</u>	NAME: <u>Anthony Graham</u>
STREET ADDRESS: <u>Gibsonville FL 33534</u>	STREET ADDRESS: <u>12007 Glenhill DR.</u>	CITY-ST-ZIP: <u>Gibsonville FL 33534</u>	CITY-ST-ZIP: <u>Riverview FL 33569</u>
TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <u>Cheryl Graham</u>	NAME: <u>Cheryl Graham</u>
STREET ADDRESS: <u>Gibsonville FL 33534</u>	STREET ADDRESS: <u>12007 Glenhill DR.</u>	CITY-ST-ZIP: <u>Gibsonville FL 33534</u>	CITY-ST-ZIP: <u>Riverview FL 33569</u>
TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <u>Anthony Graham</u>	NAME: <u>Anthony Graham</u>
STREET ADDRESS: <u>Gibsonville FL 33534</u>	STREET ADDRESS: <u>12007 Glenhill DR.</u>	CITY-ST-ZIP: <u>Gibsonville FL 33534</u>	CITY-ST-ZIP: <u>Riverview FL 33569</u>
TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <u>Cheryl Graham</u>	NAME: <u>Cheryl Graham</u>
STREET ADDRESS: <u>Gibsonville FL 33534</u>	STREET ADDRESS: <u>12007 Glenhill DR.</u>	CITY-ST-ZIP: <u>Gibsonville FL 33534</u>	CITY-ST-ZIP: <u>Riverview FL 33569</u>

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: Michael R. Pittman DATE: 4-10-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR