

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90030 026 ***150.00

DOCUMENT # P03000125740			
1. Entity Name SLAMMING SAM'S CUSTOM CARPET, INC.			
Principal Place of Business 2500 PEPPER AVENUE MELBOURNE FL 32935 US		Mailing Address 2500 PEPPER AVENUE MELBOURNE FL 32935 US	
2. Principal Place of Business Slamming Sam's Custom Carpet 2500 Pepper Ave. Suite, Apt. #, etc.		3. Mailing Address 2500 Pepper Ave. Suite, Apt. #, etc.	
City & State Melbourne FL		City & State Melbourne FL	
Zip 32935		Country Brevard	
4. FEL Number 59303 1164		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SMALLEY & COMPANY, P.A. 1517-E-HILCREST STREET ORLANDO FL 32803		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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: <u>Samuel K. Murray</u> DATE: <u>3/4/04</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
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 <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME MURRAY, SAMUEL K	<input type="checkbox"/> Delete	
STREET ADDRESS 2500 PEPPER AVENUE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP MELBOURNE FL 32935			
TITLE S	NAME CHIARELLI, JOSEPH	<input type="checkbox"/> Delete	
STREET ADDRESS 1201 COLUMBIA WAY	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP COCOA FL 32922			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Samuel K. Murray</u> <u>Samuel Kenneth Murray</u> <u>3/4/04</u> <u>321-255-5703</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			