2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Jan 27, 2005 08:00 AM DOCUMENT # P03000133132 **Secretary of State** 1. Entity Name BILLY BAILEY'S CARPET SERVICES INC. Principal Place of Business Mailing Address 6570 W BERRIGAN COURT 6570 W BERRIGAN COURT HOMOSSASSA FL 34446 HOMOSSASSA FL 34446 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt, #, etc 1st MOORE CR2E034 (10/04) City & State 4. FEI Number Applied For City & State 51-0490446 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name BAILEY, BILLY R Street Address (P.O. Box Number is Not Acceptable) 6570 W BERRIGAN COURT HOMOSSASSA FL 34446 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 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required When reinstaling) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State - OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, ☐ Change DPST TITLE ☐ Addition THEE Delete BAILEY, BILLY R NAME NAME STREET ADDRESS 6570 W BERRIGAN COURT STREET ADDRESS CITY-ST-ZIP HOMOSSASSA FL 34446 CHY-SI-ZIB Delete THE □ Changé Addition TITLE Unnopo198117 NAME ##/27/05-80039-014 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY ST-ZIP ₩ŧ€ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-Si-ZIP CITY-ST-7IP Change Addition Delete TITLE DILLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY- ST-ZIP Change mit Delete TITLE Addition | NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Thange Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

**FILED** 

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(f), Florida Statutes 1 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 eath, 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.

CUTY-ST-71F