

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90004 027 \*\*\*158.75

<b>DOCUMENT # P03000134555</b> 1. Entity Name <b>MH CARPET INSTALLATION, INC.</b>																											
Principal Place of Business <b>2835 SHINE ST CHAUNCE</b> <b>ORLANDO, FL 32806</b> <b>2544 S CONWAY RD</b> <b>ORL FLA 32812</b>		Mailing Address <b>2835 SHINE ST CHAUNCE</b> <b>ORLANDO, FL 32806</b> <b>2544 S CONWAY RD</b> <b>ORL FLA 32812</b>																									
2. Principal Place of Business <b>2544 S CONWAY RD</b> Suite, Apt. #, etc. <b>410</b> City & State <b>ORL FLA</b>		3. Mailing Address <b>2544 S CONWAY RD</b> Suite, Apt. #, etc. <b>APT 410</b> City & State <b>ORL FLA</b>																									
Zip <b>FLA 32812</b>		Country <b>ORANGE</b>																									
4. FEI Number <b>EIN 522416253</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent <b>HARRIS, MICHAEL CHAUNCE</b> <b>2835 SHINE ST</b> <b>ORLANDO, FL 32806</b>		7. Name and Address of New Registered Agent Name <b>HARRIS, MICHAEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>2544 S CONWAY RD</b> <b>APT 410</b> <b>ORL FLA 32812</b> City <b>FL</b> 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>Michael Harris</u> <b>MICHAEL HARRIS</b> <u>3/29/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">PVT</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HARRIS, MICHAEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2835 SHINE ST</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ORLANDO, FL 32806</td> <td></td> </tr> </table>		TITLE	PVT	<input type="checkbox"/> Delete	NAME	HARRIS, MICHAEL		STREET ADDRESS	2835 SHINE ST		CITY - ST - ZIP	ORLANDO, FL 32806		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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>Michael Harris</u> <b>MICHAEL HARRIS</b>		<u>407 598 0643</u> <small>Date Daytime Phone #</small>																									