


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000134990</b>	
1. Entity Name <b>CATHEY'S CARPET INC</b>	

Principal Place of Business <b>124 MAGNOLIA AVE SEFFNER, FL 33584</b>	Mailing Address <b>124 MAGNOLIA AVE SEFFNER, FL 33584</b>
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07232006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>56-2416612</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	
<b>CATHEY, RACHEL 124 MAGNOLIA AVE SEFFNER, FL 33584</b>	

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<b>CATHEY, RACHEL</b>
NAME	<b>124 MAGNOLIA AVE</b>
STREET ADDRESS	<b>SEFFNER, FL 33584</b>
CITY-ST-ZIP	
TITLE <b>V</b>	<b>CATTEY, BILLY</b>
NAME	<b>124 MAGNOLIA AVE.</b>
STREET ADDRESS	<b>SEFFNER, FL 33584</b>
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Rachel Cathey **7-22-06** **813-6850128**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #