✓2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 26, 2005 08:00 AM Secretary of State

	ANNUAL R	EPUKI		,	Secreta	arv of S	State
1. Entity Nan	MENT # P0300013526 CARPET INC.	9		-	200100	ury or,	
Principal Plac P.O. BOX 33 FT OGDEN, I	31 I	lailing Address P.O. BOX 331 TOGDEN, FL 34267			((* ***)** 3)(() *** ((* ** ()))	ins (1880) (1984) (1916)	11
_	OO NOT WRITE II	CE	02242005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 20-0406663 Not Applied 5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Current Regis	stered Agent					
	OHN DRGIA AVE N, FL 34267	DO NOT WRITE IN THIS SPACE					
	a named entity submits this statement for the ptions of registered agent. Signature, lyaed or printed name of registered agent and title		office or register Agent signature required		oth, in the State of Flo	orida. I am fami	liar with, and acce
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00		00 May Be				
10.	OFFICERS AND DIREC	CTORS	1		L		
TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE	D FALES, JOHN P.O. BOX 331 FT OGDEN, FL 34267					on a property of	
MAME STREET ADDRESS CITY-ST-ZIP					0 0000 0 - 2018 5150	243003 80009-00	3 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				IN '	THIS SF	PACE	
TITLE NAME							

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.

CI	CN	IAT	110	⊑.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNAD RE FALLS

SIGNAD RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02:24:05

Daytime Phone #