

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000135269



1. Entity Name
JOHN'S CARPET INC.

Principal Place of Business
P.O. BOX 331
FT OGDEN, FL 34267

Mailing Address
P.O. BOX 331
FT OGDEN, FL 34267

FILED
Apr 28, 2006 08:00 AM
Secretary of State



04062006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0406663	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FALES, JOHN
6971 GEORGIA AVE
FT OGDEN, FL 34267

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

U00000545039
05/11/06-80061-008 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME FALES, JOHN
STREET ADDRESS P.O. BOX 331
CITY-ST-ZIP FT OGDEN, FL 34267

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *John R. Fales* John R. Fales

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-06

Date

Daytime Phone #