

2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/19/2004-90722-023-\$150.00-\$150.00

4/1

FILED

04 JUN 10 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000138032

1. Entity Name
FIRST-N-LINE CARPET, INC.



Principal Place of Business
% CARL A. CASCIO, P.A.
525 N.E. 3RD AVENUE SUITE 102
DELRAY BEACH, FL 33444

DEPARTMENT OF STATE
DEPOSIT ONLY
% CARL A. CASCIO, P.A.
525 N.E. 3RD AVENUE SUITE 102
DELRAY BEACH, FL 33444

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04142004

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0424119

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASCIO, CARL A
525 N.E. 3RD AVENUE
SUITE 102
DELRAY BEACH, FL 33444

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

[Signature]

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

(NOTE: Registered Agent sign also required when resigning)

DATE

4/14/04

FILE NOW!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D
NAME: ROLLE, DAVID
STREET ADDRESS: 2001 N.E. 1ST WAY
CITY-ST-ZIP: BOYNTON BEACH, FL 33435 ☒ Delete

TITLE: President
NAME: David Rolle
STREET ADDRESS: Same as Above
CITY-ST-ZIP: ☐ Delete

TITLE: Vice Pres.
NAME: Sandra Rolle
STREET ADDRESS: Same as Above
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete

TITLE: ☐ Delete

TITLE: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:

TITLE: ☐ Change ☐ Addition

TITLE: President
NAME: Rolle, David
STREET ADDRESS: Same as Above
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: Vice President
NAME: Rolle, Sandra
STREET ADDRESS: Same as Above
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition

TITLE: President
NAME: David Rolle
STREET ADDRESS: 2001 NE 1st Way
CITY-ST-ZIP: Boynton Beach, FL 33435 ☒ Change ☐ Addition

TITLE: Vice President
NAME: Sandra Rolle
STREET ADDRESS: 2001 NE 1st Way
CITY-ST-ZIP: Boynton Beach, FL 33435 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(f), 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 authorized 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 attachments.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #

4-14-04