

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

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			Mailing Address % CARL A. CASCIO, P.A. 525 N.E. 3RD AVENUE SUITE 102 DELRAY BEACH, FL 33444																																																																																																											
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City & State			City & State																																																																																																											
Zip		Country	Zip		Country																																																																																																									
01062006 Chg-P CR2E034 (11/05)																																																																																																														
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 Now 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 a registered agent. SIGNATURE <i>David Rolfe</i> Signature, typed or printed name of registered agent and title if applicable. DATE 4-8-06 (NOTE: Registered Agent signature required when reinstated)																																																																																																														
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																																																																																																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 30%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>ROLLE, DAVID</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2001 N.E. 1ST WAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOYNTON BEACH, FL 33435</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>ROLLE, SANDRA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2001 N.E. 1ST WAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOYNTON BEACH, FL 33435</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</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> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</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> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</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> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>U00000507798</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>04/27/06-80077-019 150.00</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ 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> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ 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> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ 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	P	☐ Delete	NAME	ROLLE, DAVID		STREET ADDRESS	2001 N.E. 1ST WAY		CITY-ST-ZIP	BOYNTON BEACH, FL 33435		TITLE	VP	☐ Delete	NAME	ROLLE, SANDRA		STREET ADDRESS	2001 N.E. 1ST WAY		CITY-ST-ZIP	BOYNTON BEACH, FL 33435		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	U00000507798		CITY-ST-ZIP	04/27/06-80077-019 150.00		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ 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 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 another like empowered.																																																																																																														
SIGNATURE: <i>David Rolfe</i> 4-8-06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																														