

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000138032**

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



Principal Place of Business  
**2001 NE 1ST WAY  
BOYNTON BEACH, FL 33434**

Mailing Address  
**% CARL A. CASCIO, P.A.  
525 N.E. 3RD AVENUE SUITE 102  
DELRAY BEACH, FL 33444**



03132008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-0424119**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**ROLLE, DAVID  
2000 NE 1ST WAY  
BOYNTON BEACH, FL 33435**

**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, 2008 Fee will be \$550.00**

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

U000000902848

04/30/08-80022-013 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	ROLLE, DAVID
STREET ADDRESS	2001 N.E. 1ST WAY
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	VP
NAME	ROLLE, SANDRA
STREET ADDRESS	2001 N.E. 1ST WAY
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:** *David Rolle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-14-08* *Sei-73A-1898*

Date Daytime Phone #