2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Feb 24, 2004 8:00 am **Secretary of State** DOCUMENT # P03000138037 1. Entity Name 02-24-2004 90010 015 ***150.00 JOHN W. GERENA'S CARPET INSTALLATIONS, INC. Principal Place of Business Mailing Address % JOHN W. GERENA 4723 BOATMAN STREET LAKE WORTH FL 33461 % JOHN W. GERENA 4723 BOATMAN STREET LAKE WORTH FL 33461 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For Not Applicable Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name . GERENA, JOHN W Street Address (P.O. Box Number is Not Acceptable) 4723 BOATMAN STREET LAKE WORTH FL 33461 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 JOHN W. GENENA FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE □ Delete TITLE ☐ Addition NAME GERENA, JOHN W NAME STREET ADDRESS **4723 BOATMAN STREET** STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33461 CITY-ST-7IP ۷D TITLE ☐ Delete TITLE ☐ Change ☐ Addition GERENA, KAREN L NAME NAME STREET ADDRESS **4723 BOATMAN STREET** STREET ADDRESS LAKE WORTH FL 33461 CITY-ST-ZIP CITY-ST-ZIP TITLE SD ☐ Defete TITLE ☐ Change Addition NAME PRICE, RICK NAME STREET ADDRESS 5421 THURSTON AVENUE STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33464 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED