

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2005 8:00 am
Secretary of State

05-02-2005 90544 034 ***150.00

DOCUMENT # P03000138207																																																																																									
1. Entity Name STEVEN BURDO CARPETS, INC.																																																																																									
Principal Place of Business 541 LAKE TIVOLI BLVD. UNIT H KISSIMMEE, FL 34741			Mailing Address 717 EAST OAK STREET KISSIMMEE, FL 34744 US																																																																																						
2. Principal Place of Business 717 East Oak Street Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																							
City & State Kissimmee, FL		City & State		4. FEI Number 20-0413469																																																																																					
Zip 34744		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																					
6. Name and Address of Current Registered Agent BURDO, STEVEN 541 LAKE TIVOLI BLVD. UNIT H KISSIMMEE, FL 34741			7. Name and Address of New Registered Agent Name: Harry J. Swart Street Address (P.O. Box Number is Not Acceptable): 717 East Oak Street City: Kissimmee FL Zip Code: 34744																																																																																						
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: DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing!)</small>																																																																																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">DPS <input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 25%;">VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>BURDO, STEVEN</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>541 LAKE TIVOLI BLVD. UNIT H</td> <td>STREET ADDRESS</td> <td>818 Belaire Drive</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>KISSIMMEE, FL 34741</td> <td>CITY-ST-ZIP</td> <td>Bellevue, OH 44811</td> </tr> <tr> <td>TITLE</td> <td>VP <input type="checkbox"/> Delete</td> <td>TITLE</td> <td>VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>BURDO, CHRISTINA</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>541 LAKE TIVOLI BLVD. UNIT H</td> <td>STREET ADDRESS</td> <td>818 Belaire Drive</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>KISSIMMEE, FL 34741</td> <td>CITY-ST-ZIP</td> <td>Bellevue, OH 44811</td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	DPS <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	BURDO, STEVEN	NAME		STREET ADDRESS	541 LAKE TIVOLI BLVD. UNIT H	STREET ADDRESS	818 Belaire Drive	CITY-ST-ZIP	KISSIMMEE, FL 34741	CITY-ST-ZIP	Bellevue, OH 44811	TITLE	VP <input type="checkbox"/> Delete	TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	BURDO, CHRISTINA	NAME		STREET ADDRESS	541 LAKE TIVOLI BLVD. UNIT H	STREET ADDRESS	818 Belaire Drive	CITY-ST-ZIP	KISSIMMEE, FL 34741	CITY-ST-ZIP	Bellevue, OH 44811	TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
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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 changed, or on an attachment with an address, with all other like empowered.																																																																																									
SIGNATURE: Steven Burdo 4-26-05 (419) 217-0260 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																									

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