


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90079 050 \*\*\*163.75

<b>DOCUMENT # P03000138461</b>	
1. Entity Name <b>MIKE'S CUSTOM CARPET INC.</b>	

Principal Place of Business <b>9551 PINETREE DRIVE LAKE WALES FL 33853 US</b>	Mailing Address <b>9551 PINETREE DRIVE LAKE WALES FL 33853 US</b>
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2. Principal Place of Business Suite, Apt. #, etc. <b>9551 PINETREE DR</b> City & State <b>LAKE WALES FL</b> Zip <b>33853</b> Country <b>FL</b>	3. Mailing Address Suite, Apt. #, etc. <b>9551 PINETREE DR</b> City & State <b>LAKE WALES FL</b> Zip <b>33853</b> Country <b>FL</b>
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1st MOORE CR2E034 (10/04)

4. FEI Number <b>20-0423914</b>		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BUNNER, MARION M 9551 PINETREE DRIVE LAKE WALES FL 33853</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 Mike Bunner **MIKE BUNNER** 2-16-05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BUNNER, MARION M 9551 PINETREE DRIVE LAKE WALES FL 33853</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: MIKE BUNNER **MIKE BUNNER** 5-16-05 363-676-3449  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #