

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90093 036 ***150.00

DOCUMENT # P03000140942

1. Entity Name
VICTOR CARPET INSTALLATIONS CORP



Principal Place of Business
112 HIDDEN LAKE DRIVE
SANFORD, FL 32773

Mailing Address
112 HIDDEN LAKE DRIVE
SANFORD, FL 32773

2. Principal Place of Business - No P.O. Box #
1730 WOOD VIOLET DR.
Suite, Apt. #, etc.

3. Mailing Address
1730 WOOD VIOLET DR.
Suite, Apt. #, etc.

City & State
ORLANDO, FL 32824
Zip
32824 Country
U.S.

City & State
ORLANDO FL.
Zip
32824 Country
U.S.

03082007 Chg-P CR2E034 (12/06)

4. FEI Number
57-1193197

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PEREZ, VICTOR
112 HIDDEN LAKE DRIVE
SANFORD, FL 32773

7. Name and Address of New Registered Agent

Name
VICTOR PEREZ
Street Address (P.O. Box Number is Not Acceptable)
1730 WOOD VIOLET DR.
City
ORLANDO FL Zip Code
32824

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, the 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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PEREZ, VICTOR	
STREET ADDRESS	112 HIDDEN LAKE DRIVE	
CITY-ST-ZIP	SANFORD, FL 32773	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICTOR PEREZ	
STREET ADDRESS	1730 WOOD VIOLET DR.	
CITY-ST-ZIP	ORLANDO, FL 32824	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #