

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000143242			
1. Entity Name HERRICK CARPET SERVICE, INC.			
Principal Place of Business 2774 SHANNIN DR. ST. CLOUD FL 34771		Mailing Address 2774 SHANNIN DR. ST. CLOUD FL 34771	
2. Principal Place of Business MOBILE		3. Mailing Address 2774 SHANNIN DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc. ST CLOUD	
City & State PL		City & State PL	
Zip 34771	Country OSCEOLA	4. FEI Number 27-0074843	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent HERRICK, RONALD C 2774 SHANNIN DR. ST. CLOUD FL 34771		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u>Ronald C Herrick</u> DATE <u>2/8/06</u> Signature of officer or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS HERRICK, RONALD C 2774 SHANNIN DR. ST. CLOUD FL 34771	☐ Delete	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT HERRICK, DEBORAH M 2774 SHANNIN DR. ST. CLOUD FL 34771	☐ Delete	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Ronald C Herrick DATE 02/08/06 407 3199191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR