


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90192 042 ***150.00

DOCUMENT # P03000145441 1. Entity Name CARPET REPAIR AND FLOOR TECHNICIANS, INC.					
Principal Place of Business 333 HIDDEN LAKES TRAIL DEFUNIAK SPRINGS, FL 32433			Mailing Address 333 HIDDEN LAKES TRAIL DEFUNIAK SPRINGS, FL 32433		
2. Principal Place of Business 344 Live Oak St.		3. Mailing Address ← Same			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Freeport, FL		City & State		4. FEI Number 52-2416837	
Zip 32439		Country Walton		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARBIN, JAMES M 333 HIDDEN LAKES TRAIL DEFUNIAK SPRINGS, FL 32433				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 <i>[Signature]</i> Secretary/Treasurer 4/24/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME HARBIN, SANDRA T STREET ADDRESS 333 HIDDEN LAKES TRAIL CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433	<input type="checkbox"/> Delete		TITLE President NAME Sandra T. Harbin STREET ADDRESS 344 Live Oak Street CITY-ST-ZIP Freeport, FL 32439	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME HARBIN, JAMES M STREET ADDRESS 333 HIDDEN LAKES TRAIL CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433	<input type="checkbox"/> Delete		TITLE ST NAME James M Harbin STREET ADDRESS 344 Live Oak Street CITY-ST-ZIP Freeport, FL 32439	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 <i>[Signature]</i> 4/24/06 850-400-2712 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					