

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 25, 2005 8:00 am
Secretary of State

08-25-2005 90003 037 ***150.00

DOCUMENT # P03000148205

1. Entity Name
CARLSON CARPET, INC.



Principal Place of Business
**518 SOUTH ATLANTIC AVE
DAYTONA BEACH, FL 32118**

Mailing Address
**518 SOUTH ATLANTIC AVE
DAYTONA BEACH, FL 32118**

50063364



07172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4270972

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CARLSON, CHARLES
518 SOUTH ATLANTIC AVE
DAYTONA BEACH, FL 32118**

**DO NOT WRITE
IN THIS SPACE**

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

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PST
CARLSON, CHARLES
518 SOUTH ATLANTIC AVE.
DAYTONA BEACH, FL 32118**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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:

Charles Carlson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-22-05

Date

Daytime Phone #

50063364

ATTACHMENT
R.M. LeRoux Consulting

Phone: 386 788-7264 * Fax: 386 788-1958 * Toll Free 866 788-7264

To: CARLSON CARPET

Today's Date: 7/17/05 Last Day To Pay or File This: ASAP

Tax Payment Instructions - Take Care Of This Immediately

If you are mailing your form and payment, get a stamped receipt from the post office

TAX PERIOD ENDING: 7005 Amount Due: 150.00

 NO TAX IS DUE, BUT THE FORM MUST BE SIGNED AND MAILED

THE ATTACHED FORM:

X Must be signed and dated No Signature is required

THE ATTACHED FORM AND PAYMENT, IF ANY PAYMENT IS DUE, SHOULD:

X Be mailed in the enclosed envelope Not be mailed, see below

IF ANY PAYMENT IS DUE, MAKE YOUR CHECK PAYABLE TO:

 Your bank. Take the enclosed 8109 form and your check to your bank before 12:00 Noon
 Florida Department of Revenue Florida U.C. Fund
 United States Treasury Division of Alcoholic Beverages
X Florida Secretary of State

TYPE OF FORM OR TAX YOU ARE HANDLING:

 Federal Payroll Tax State Payroll Tax
 State & County Sales Tax Alcoholic Beverage Surcharge Tax
 County Real Estate or Personal Property Tax X Corporate Annual Fee
 Federal, State, County or City License Corporate Income Tax

SPECIAL IMPORTANT INSTRUCTIONS:

 Include the payment voucher and your payment in the same envelope with the form
 There is more than one place or form to sign, check the forms carefully
 Send the entire form including the attached coupon. Do not detach the coupon
 Do not cut, fold, staple or separate forms

AVOID PENALTIES - DON'T BE LATE, TAKE CARE OF THIS NOW
THIS NEEDS IMMEDIATE ATTENTION

Write the date and your check number on this form and save it for your records