


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000150906 1. Entity Name LESTER ROSENKA CARPET INSTALLER, INC.	
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Principal Place of Business 10220 S BUCKSKIN AVE FLORAL CITY, FL 34436	Mailing Address 10220 S BUCKSKIN AVE FLORAL CITY, FL 34436
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03122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0487221	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**ROSENKA, LESTER
10220 S BUCKSKIN AVE
FLORAL CITY, FL 34436**

**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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**UD00000680936
04/04/07-80021-019 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROSENKA, LESTER
STREET ADDRESS	10220 S BUCKSKIN AVE
CITY-ST-ZIP	FLORAL CITY, FL 34436
TITLE	P
NAME	ROSENKA, LESTER
STREET ADDRESS	102205 BUCKSKIN AVE
CITY-ST-ZIP	FLORAL CITY, FL 34436
TITLE	V
NAME	ROSENKA, BARBARA
STREET ADDRESS	102205 BUCKSKIN AVE
CITY-ST-ZIP	FLORAL CITY, FL 34436
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 persons empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/26/2007 352-344-1807
Date Daytime Phone #