

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**


FILED
May 24, 2004 8:00 am
Secretary of State

04-29-2004 90272 026 ***150.00

66423841



MOORE CR2E034 (11/03)

DOCUMENT # P03000154357					
1. Entity Name GONCALVES CARPET INSTALLATION, INC					
Principal Place of Business 421 GRAND CLUB PLACE FORT PIERCE FL 34982			Mailing Address 421 GRAND CLUB PLACE FORT PIERCE FL 34982		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0494657 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent JOHNSON, AL 2057 S. US #1 FORT PIERCE FL 34950			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> Delete			
NAME	GONCALVES, SANDRO				
STREET ADDRESS	421 GRAND CLUB PLACE				
CITY-ST-ZIP	FORT PIERCE FL 34982				
TITLE	VP	<input type="checkbox"/> Delete			
NAME	GONCALVES, SANDRO				
STREET ADDRESS	421 GRAND CLUB PLACE				
CITY-ST-ZIP	FORT PIERCE FL 34982				
TITLE	SEC	<input type="checkbox"/> Delete			
NAME	GONCALVES, SANDRO				
STREET ADDRESS	421 GRAND CLUB PLACE				
CITY-ST-ZIP	FORT PIERCE FL 34982				
TITLE	TRES	<input type="checkbox"/> Delete			
NAME	GONVALES, SANDRO				
STREET ADDRESS	421 GRAND CLUB PLACE				
CITY-ST-ZIP	FORT PIERCE FL 34982				
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		<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 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: _____ 04.27.2004 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					