

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90014 021 ***150.00

DOCUMENT # P03000154838

1. Entity Name

NORMAN POPE CARPET SERVICE INC.



Principal Place of Business

4850 INDIAN OAK DR.
MULBERRY FL 33860

Mailing Address

4850 INDIAN OAK DR.
MULBERRY FL 33860

2. Principal Place of Business

4850 Indian Oak Dr

Suite, Apt. #, etc.

3. Mailing Address

4850 Indian Oak Dr

Suite, Apt. #, etc.

City & State

Mulberry FL

Zip

33860

Country

Polk

City & State

Mulberry FL

Zip

33860

Country

Polk

4. FEL Number

27-0079884

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEIFTER, FRED
1707 OAK BRANCH CT.
BRANDON FL 33511

7. Name and Address of New Registered Agent

Name

Fred Seifter

Street Address (P.O. Box Number is Not Acceptable)

1707 Oak Branch Ct

City

Brandon

FL

Zip Code

33511

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

Norman R. Pope

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-20-04

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. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME POPE, NORMAN
STREET ADDRESS 4850 INDIAN OAK DR.
CITY-ST-ZIP MULBERRY FL 33860

TITLE V ☐ Delete
NAME KELLEY, DALE II
STREET ADDRESS 10625 LITHIA PINECREST RD.
CITY-ST-ZIP LITHIA FL 33547

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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:

Norman R. Pope

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-04

Date

Daytime Phone #