

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000155009

1. Entity Name
JOE MASTERSON CARPET INSTALLATION INC



FILED

04 MAY -3 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
19379 SW FRED BARFIELD LN
BLOUNTSTOWN, FL 32424

Mailing Address
19379 SW FRED BARFIELD LN
BLOUNTSTOWN, FL 32424

2. Principal Place of Business

19379 SW Fred Barfield Ln.
Suite, Apt. #, etc.

3. Mailing Address

19379 SW Fred Barfield Ln.
Suite, Apt. #, etc.



05032004

Chg-P

CR2E034 (10/03)

City & State

Blountstown

Zip
32424

Country

Calhoun

City & State

Blountstown

Zip
32424

Country

Calhoun

4. FEI Number

52-2408176

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MASTERSON, JOSEPH W
19379 SW FRED BARFIELD LN
BLOUNTSTOWN, FL 32424

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME MASTERSON, JOSEPH W
STREET ADDRESS 19379 SW FRED BARFIELD LN
CITY-ST-ZIP BLOUNTSTOWN, FL 32424

TITLE V ☐ Delete
NAME MASTERSON, FRANCIS
STREET ADDRESS 19379 SW FRED BARFIELD LN
CITY-ST-ZIP BLOUNTSTOWN, FL 32424

TITLE S ☐ Delete
NAME BOMB, JAMES
STREET ADDRESS 19379 SW FRED BARFIELD LN
CITY-ST-ZIP BLOUNTSTOWN, FL 32424

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
500036195615
05/12/04--01037--003 **150.00

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

TITLE ☐ Change ☐ Addition
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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:

Joe Mastersen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30