


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90097 026 ***150.00

DOCUMENT # P03000157646

1. Entity Name
ADVANCED CARPET INSTALLATION, INC.



Principal Place of Business Mailing Address
234 EDGE AVENUE **234 EDGE AVENUE**
VALPARAISO FL 32580 **VALPARAISO FL 32580**

2. Principal Place of Business 3. Mailing Address
Same *Same*

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
52-2421698 Not Applicable

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



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent

MCKISSACK, KEVIN R SR.
234 EDGE AVENUE
VALPARAISO FL 32580

7. Name and Address of New Registered Agent

Name
NA

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, 2005 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 | <input type="checkbox"/> Delete |
| NAME | MCKISSACK, KEVIN R SR. | |
| STREET ADDRESS | 234 EDGE AVENUE | |
| CITY-ST-ZIP | VALPARAISO FL 32580 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 | M | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MCKISSACK, KEVIN R. JR | |
| STREET ADDRESS | 1862 BRICK CIRCLE | |
| CITY-ST-ZIP | FT WALTON BCH FL, 32547 | |
| 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: *Kevin R. McKissack* 23 April 05 543-2056

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #