

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2006 8:00 am**  
**Secretary of State**

02-01-2006 90011 001 \*\*\*150.00

**DOCUMENT # P03000157698**

1. Entity Name  
**ROBERT H LEE CARPET INSTALLATION INC.**



Principal Place of Business  
**2155 WOODLAND HILLS DR.  
TITUSVILLE, FL 32780-7042**

Mailing Address  
**2155 WOODLAND HILLS DR.  
TITUSVILLE, FL 32780-7042**

2. Principal Place of Business  
**2200 ALEXANDER DRIVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**2200 ALEXANDER DRIVE**  
Suite, Apt. #, etc.



01032006 Chg-P CR2E034 (11/05)

City & State  
**TITUSVILLE FLORIDA**  
Zip  
**32796**  
Country  
**BREVARD**

City & State  
**TITUSVILLE FLORIDA**  
Zip  
**32796**  
Country  
**BREVARD**

4. FEI Number  
**20-0524551 20-0524511**  
Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**VENUTI, LOUIS  
400 ORANGE ST.  
TITUSVILLE, FL 32796**

**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 \$150.00  
After May 1, 2006 Fee will be \$550.00**

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	LEE, ROBERT H	
STREET ADDRESS	2155 WOODLAND HILLS DR.	
CITY-ST-ZIP	TITUSVILLE, FL 327807042	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TEAGUE, JIMMY	
STREET ADDRESS	1481 N US 1 #11	
CITY-ST-ZIP	TITUSVILLE, FL 32796	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GADEL, HENRY J	
STREET ADDRESS	3442 SUTTON DRIVE	
CITY-ST-ZIP	TITUSVILLE, FL 32796	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2200 ALEXANDER DRIVE	
STREET ADDRESS	TITUSVILLE FL 32796	
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		
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 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 like empowered.

SIGNATURE: X Robert H Lee  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-2006

Date Daytime Phone #