

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 18, 2004 8:00 am
Secretary of State

04-26-2004 91041 033 ***150.00

DOCUMENT # P03000157808			
1. Entity Name WYATT CARPETING INC.			
Principal Place of Business 7437 S.W. 14TH CT. NORTH LAUDERDALE FL 33068		Mailing Address 7437 S.W. 14TH CT. NORTH LAUDERDALE FL 33068	
2. Principal Place of Business 7437 S-W-14 Ct Suite, Apt. #, etc.		3. Mailing Address 7437 S-W-14 Ct Suite, Apt. #, etc.	
City & State North Lauderdale		City & State North Lauderdale FL	
Zip 33068		Country Florida	
4. FEI Number x 20-0464237		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ELLIOTT, ANDREW 7437 S.W. 14TH CT. NORTH LAUDERDALE FL 33068		7. Name and Address of New Registered Agent Name <u>Shirley Nesbeth</u> Street Address (P.O. Box Number is Not Acceptable) <u>7437 S-W-14 Ct</u> <u>North Lauderdale</u> <u>33068</u> City <u>FL</u> Zip Code	
B. 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 <u>Shirley Nesbeth</u> (NOTE: Registered Agent signature required when reinstating) <u>954-720-1043</u> <u>5/19/04</u>			
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 NAME STREET ADDRESS CITY - ST - ZIP	P <input type="checkbox"/> Delete WYATT, OSWALD 7437 S.W. 14TH CT. NORTH LAUDERDALE FL 33068		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V <input checked="" type="checkbox"/> Delete NESBETH, SHIRLEY 7437 S.W. 14TH CT. NORTH LAUDERDALE FL 33068		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 employed.			
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date		Daytime Phone #	