

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000158392

1. Entity Name  
ATNIP'S CARPET & VINYL SERVICE, INC.



Principal Place of Business  
290 CANIS DR. W.  
ORANGE PARK, FL 32073

Mailing Address  
290 CANIS DR. W.  
ORANGE PARK, FL 32073



01262006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
41-2121298

Applied For  
Not Applicable

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

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

BLOOMER, GEORGE M III  
4429 CR 218TH W  
MIDDLEBURG, FL 32068

**DO NOT WRITE  
IN THIS SPACE**

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 reinstalling)

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  
NAME ATNIP, PAUL  
STREET ADDRESS 290 CANIS DR. W.  
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE V  
NAME ATNIP, NANCY  
STREET ADDRESS 290 CANIS DR. W.  
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE T  
NAME COPELAND, CYNTHIA A  
STREET ADDRESS 3973 GREEN ACRES RD.  
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32068

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000529050  
05/05/06-80059-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Atnip

Date

4/20/06

Daytime Phone #

904 213-9913