


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91006 008 ***150.00

| | |
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| DOCUMENT # P04000002459 |  |
| 1. Entity Name CHC CARPETS INC | |

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| Principal Place of Business 344 HOWARD BLVD. LONGWOOD, FL 32750 US | Mailing Address 344 HOWARD BLVD. LONGWOOD, FL 32750 US |
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|--|--|
| 2. Principal Place of Business 344 Howard Blvd | 3. Mailing Address 344 Howard Blvd |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State Longwood | City & State Longwood |
| Zip 32750 | Country US |



04142004 Chg-P CR2E034 (10/03)

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|-----------------------------------|--|
| 4. FEI Number 331068703 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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|---|--|
| 6. Name and Address of Current Registered Agent | |
| HOLT, CHARLIE V SR 344 HOWARD BLVD. LONGWOOD, FL 32750 | |

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| 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 *Charlie Holt Sr.* (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 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 HOLT, CHARLIE V SR. 344 HOWARD BLVD. LONGWOOD, FL 32750 <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 |
| 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 |
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| 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 empowered.

SIGNATURE: *Charlie Holt Sr.* Date 4/22/04 Daytime Phone # 407/697-0850