

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P04000008638

1. Entity Name  
FIRST CLASS CARPET, INC.



**FILED  
May 12, 2006 8:00 am  
Secretary of State**

05-12-2006 90026 011 \*\*\*150.00

Principal Place of Business  
1609 SE FLINTLOCK RD.  
PORT ST. LUCIE, FL 34952

Mailing Address

1609 SE FLINTLOCK RD.  
PORT ST. LUCIE, FL 34952

2. Principal Place of Business  
1010 12th Place

Suite, Apt. #, etc.

3. Mailing Address  
1010 12th Place

Suite, Apt. #, etc.

City & State  
Vero Beach FL  
32962

City & State  
Vero Beach FL  
32962

Country USA

Country USA

6. Name and Address of Current Registered Agent

YEREANCE, JAY  
1609 SE FLINTLOCK RD.  
PORT ST. LUCIE, FL 34952

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Vero Beach FL 32962

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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME YEREANCE, JAY  
STREET ADDRESS 1609 SE FLINTLOCK RD.  
CITY-ST-ZIP PORT ST. LUCIE, FL 34952

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

1010 12th Place  
Vero Beach FL 32962

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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:** *J. Yereance*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/06

Date

Daytime Phone #