


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90052 047 \*\*\*150.00

<b>DOCUMENT # P04000020881</b>	
1. Entity Name DAVE'S CARPET & WOOD SERVICES, INC.	

Principal Place of Business 1885 LANDOVER BLVD SPRING HILL, FL 34608	Mailing Address 1885 LANDOVER BLVD SPRING HILL, FL 34608
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4001041



2. Principal Place of Business 13105 Webster Street	3. Mailing Address 13105 Webster Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02202006 Chg-P CR2E034 (11/05)

City & State Brooksville, FL	City & State Brooksville, FL
Zip 34613	Zip 34613
Country	Country

4. FEI Number 42-1618284	Applied For Not Applicable
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5. Certificate of Status Desired ☐ -- \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  LUCIER, DAVID W 1885 LANDOVER BLVDD SPRING HILL, FL 34608
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7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 13105 Webster Street City Brooksville FL Zip Code 34608
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUCIER, DAVID W <input type="checkbox"/> Delete 1885 LANDOVER BLVD SPRING HILL, FL 34608
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13105 Webster Street Brooksville, FL 34608
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 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: David W. Lucier DAVID W LUCIER x2/24/06 720-446-7012  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)