

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000025070

1. Entity Name
CARPET BY TIM HINCHMAN, INC.



**FILED
Aug 11, 2005 8:00 am
Secretary of State**

08-11-2005 90004 021 ***150.00

50061100



08042005 Chg-P CR2E034 (10/03)

Principal Place of Business
3707 NORTH A1A
FT PIERCE, FL 34949

Mailing Address

3707 NORTH A1A
FT PIERCE, FL 34949

2. Principal Place of Business
903 King Orange Dr.
Suite, Apt. #, etc.

3. Mailing Address
120 Warwick St. SE

Suite, Apt. #, etc.

City & State
Fort Pierce, FL
Zip 34982 Country USA

City & State
Palm Bay, FL

Zip 32909 Country USA

4. FEI Number
43-2043643

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HINCHMAN, RAYMOND
3707 NORTH A1A
FT PIERCE, FL 34949

7. Name and Address of New Registered Agent

Name Hartwig, Jill

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

120 Warwick St. SE
City Palm Bay Zip Code FL 32909

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 *Jill A. Hartwig*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reregistering)

8-8-05

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME HINCHMAN, TIMOTHY
STREET ADDRESS 3707 NORTH A1A
CITY-ST-ZIP FT PIERCE, FL 34949

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE STD
NAME HARTWIG, JILL
STREET ADDRESS 3707 NORTH A1A
CITY-ST-ZIP FT PIERCE, FL 34949

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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CITY-ST-ZIP

Change Addition

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Change Addition

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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 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: *Jill A. Hartwig* Date 8-8-05 321-768-9956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #