

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/13/2005-90001-029-\$150.00-\$150.00

FILED

05 OCT -6 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2nd MOORE

CR2E034 (5/05)

DOCUMENT # P04000029206

1. Entity Name

JOHN WILLIAMS CARPET INSTALLATION INC.



Principal Place of Business

6931 HUDSON AVE.  
HUDSON FL 34667

Mailing Address

6931 HUDSON AVE.  
HUDSON FL 34667

2. Principal Place of Business

9022 Richmond Ln  
Suite, Apt. #, etc.

3. Mailing Address

9022 Richmond Ln  
Suite, Apt. #, etc.

City & State

Port Richey FL

City & State

Port Richey FL

Zip

34668 FLASCO

Zip

34668 FLASCO

4. FEI Number

200682104

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, JOHN JR.  
6931 HUDSON AVE.  
HUDSON FL 34667

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 7, 2005

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, JOHN JR.	
STREET ADDRESS	6931 HUDSON AVE.	
CITY - ST - ZIP	HUDSON FL 34667	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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: John Williams Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-30-05 248-252-4686

Date

Daytime Phone #

ADJUDICANT

50066622

#04000029206

8-30-05

To whom it may concern: I spoke to a rep named Tyron Scott who told me that I needed to write this letter to get the amount \$550.00 waived due to the fact that my paperwork went to the wrong address. If you have any questions please feel free to contact me at the following number 248-252-4686

Thank You

John Williams