

P04000032554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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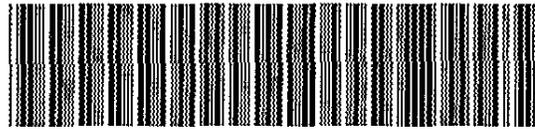
(Business Entity Name)

(Document Number)

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*Handwritten signature*

C. O'Connell

MAR 10 2004

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CJ CARPENTER FLOORING INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P0400032554

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NOEL BROWN  
(Name of Person)

NTB SERVICES INC  
(Name of Firm/Company)

4350 LAROSA AVE  
(Address)

NORTH PORT, FL. 34286  
(City/State and Zip Code)

For further information concerning this matter, please call:

NOEL BROWN at ( 941 ) 429-0506  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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| <input checked="" type="checkbox"/> \$35.00 Filing Fee       | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status                 |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy |

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**ARTICLES OF CORRECTION**

for

CJ CARPENTER FLOORING INC

Name of Corporation as currently filed with the Florida Dept. of State

P04000032554

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These Articles of Correction correct P04000032554  
(Document Type)

filed with the Department of State on 02/18/2004  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

ADDRESS NUMBER INCORRECT - 5439 NEEDLE PALM DRIVE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Correct the inaccuracy, incorrect statement, or defect:

4539 NEEDLE PALM DRIVE  
(CORRECT ON ADDRESS OF CORPORATION PRINCIPAL/MAILING, OFFICERS & DIRECTORS  
AND REGISTERED AGENT ADDRESS)  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
04 MAR - 5 PM 4:28:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Christopher Carpenter*  
(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

CHRISTOPHER CARPENTER  
(Typed or printed name of person signing)

PRESIDENT / DIRECTOR  
(Title of person signing)

Filing Fee: \$35.00