


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000032554**

1. Entity Name  
**CJ CARPENTER FLOORING INC.**



Principal Place of Business      Mailing Address

**4539 NEEDLE PALM DRIVE**      **4539 NEEDLE PALM DRIVE**  
**NEW PORT RICHEY, FL 34652 US**      **NEW PORT RICHEY, FL 34652 US**

**DO NOT WRITE IN THIS SPACE**



03042006      No Chg-P      CR2E034 (11/05)

4. FEI Number  
**20-0765224**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CARPENTER, CHRISTOPHER J**  
**4539 NEEDLE PALM DRIVE**  
**NEW PORT RICHEY, FL 34652**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**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

TITLE	D,P
NAME	CARPENTER, CHRISTOPHER J
STREET ADDRESS	4539 NEEDLE PALM DRIVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	VP
NAME	CARPENTER, PATRICIA
STREET ADDRESS	4539 NEEDLE PALM DRIVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

000000518263  
 05/02/06-80046-019 150.00

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: *Chris J Carpenter*      **CHRIS J CARPENTER (DP) 4-17-06**      727-848-3873

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #