

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90018 021 ***150.00

DOCUMENT # P04000042709

1. Entity Name
DON'S CARPET, INC.



Principal Place of Business
**173 INTERLAKE BLVD
LAKE PLACID, FL 33852**

Mailing Address
**173 INTERLAKE BLVD
LAKE PLACID, FL 33852**



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number
02-0720258

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NIELANDER, WILLIAM J
172 E. INTERLAKE BLVD
LAKE PLACID, FL 33852**

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 \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WILLIAMS, DONALD J
173 INTERLAKE BLVD
LAKE PLACID, FL 33852**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WILLIAMS, CHRISTINE E
173 INTERLAKE BLVD
LAKE PLACID, FL 33852**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DO NOT WRITE

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: *Christine E. Williams*
CHRISTINE E. WILLIAMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-08

Date

863-465-4858

Daytime Phone #