

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90218 017 \*\*\*150.00

<b>DOCUMENT # P04000058363</b> 1. Entity Name <b>K &amp; V CARPET INSTALLATIONS, INC.</b>					
Principal Place of Business <b>111 NORTH LADY MARY DRIVE UNIT 1 CLEARWATER, FL 33755 US</b>			Mailing Address <b>111 NORTH LADY MARY DRIVE UNIT 1 CLEARWATER, FL 33755 US</b>		
2. Principal Place of Business <b>1216 S. MISSOURI AVE</b> Suite, Apt. #, etc. <b>412</b> City & State <b>CLEARWATER, FL</b> Zip <b>33756</b> Country <b>US</b>		3. Mailing Address <b>1216 S. MISSOURI AVE</b> Suite, Apt. #, etc. <b>412</b> City & State <b>CLEARWATER, FL</b> Zip <b>33756</b> Country <b>US</b>			
4. FEI Number <b>20-1040596</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SIRILLAS, KONSTANTINOS 111 NORTH LADY MARY DRIVE UNIT 1 CLEARWATER, FL 33755</b>			7. Name and Address of New Registered Agent Name <b>SIRILLAS, KONSTANTINOS</b> Street Address (P.O. Box Number is Not Acceptable) <b>1216 S. MISSOURI AVE</b> <b># 412</b> City <b>CLEARWATER</b> FL Zip Code <b>33756</b>		
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 resigning) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SIRILLAS, KONSTANTINOS</b> <b>111 NORTH LADY MARY DRIVE UNIT 1</b> <b>CLEARWATER, FL 33755</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>VIOLETIS, PHOTIOS</b> <b>111 NORTH LADY MARY DRIVE UNIT 1</b> <b>CLEARWATER, FL 33755</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC</b> <b>VIOLETIS, VASILIKI</b> <b>111 NORTH LADY MARY DRIVE UNIT 1</b> <b>CLEARWATER, FL 33755</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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 liquidator 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 affidavit, with all other persons empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>APRIL 18, 2005</b> (727) 298-0015 Date Daytime Phone #		