

# FOR PROFIT CORPORATION

2007 REINSTATEMENT

Reinstate

8/16/2005-90039-013-\$150.00-\$150.00

DOCUMENT # P04000059825

1. Entity Name

RONNIE WELLS CARPET INSTALATION, INC.



FILED

07 MAY 31 PM 1:33

CLERK OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
2270 E. ANNAPOLIS DR.  
DELTONA FL 32725

Mailing Address  
2270 E. ANNAPOLIS DR.  
DELTONA FL 32725

W07000018953

2. Principal Place of Business

2270 E. Annapolis Dr.  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Deltona FL

City & State

Zip

Country

32725 Volusia

Zip

Country

4. FEI Number

59-318-1740

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WELLS, RONNIE  
2270 E. ANNAPOLIS DR.  
DELTONA FL 32725

7. Name and Address of New Registered Agent

Name: KYLE A. JONES  
Street Address (P.O. Box Number is Not Acceptable): 1215 VOLTARIE STREET  
City: DELTONA FL Zip Code: 32725

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: X Kyle A. Jones

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

(NOTE: Registered agent signature required when re-registering)

4-30-07

DATE

FILE NOW! Fee Will Be

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	Delete
NAME	WELLS, RONNIE	
STREET ADDRESS	2270 E. ANNAPOLIS DR.	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

800097583788  
04/19/07--01043--001 \*\*300.00

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: Ronnie Wells

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-8-05

Date Daytime Phone #

As per telephone conversation with Ronnie Wells on 5/31/07

JC 5/31