

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000059974

1. Entity Name
LABELLE CARPET & TILE OUTLET, INC.



Principal Place of Business
**110 WEST HICKPOOCHEE AVE.
LABELLE, FL 33935**

Mailing Address
**110 WEST HICKPOOCHEE AVE.
LABELLE, FL 33935**



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0875303

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

**FRANKLIN, JAMES M
110 WEST HICKPOOCHEE AVE.
LABELLE, FL 33935**

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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 James M. Franklin James Mitchell Franklin 2-3-06

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, 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	P
NAME	FRANKLIN, JAMES M
STREET ADDRESS	110 WEST HICKPOOCHEE AVE.
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	ST
NAME	FRANKLIN, SHERRIE D
STREET ADDRESS	110 WEST HICKPOOCHEE AVE.
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/14/06-811151-002 158.75

**DO NOT WRITE
IN THIS SPACE**

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: James Franklin 2-3-6 963-675-8575

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