2006 FOR PROFIT CORPORATION -- ANNUAL REPORT (AR)

SIGNATURE:

Feb 20, 2006 08:00 AM DOCUMENT # P04000066849 **Secretary of State** 1. Entity Name FATHER & SON CARPET INSTALLATION, INC. Principal Place of Business Mailing Address 718 W NEW YORK AVE PO BOX 582 PIERSON FL 32180 DELAND FL 32720 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For City & State City & State 20-1065353 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BROWN, ROBERT C Street Address (P.O. Box Number is Not Acceptable) 718 W NEW YORK AVE DELAND FL 32720 City Zip Code 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, types or printed name of registered agent and wito it 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 \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition TITLE TETLE (PD ☐ Oelete NAME HAME CARBAJAL, ANTONIO U00000440249 STREET ADDRESS STREET ADDRESS 718 W NEW YORK AVE 03/02/06-800**32-**018 **158.75** CITY-ST-ZIP DELAND FL 32720 CITY-ST-ZIP TITLE ☐ Change □ Admin TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY~S3-ZIP CITY-ST-ZIP Change ☐ Addat ☐ Delote TOTLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Change ☐ Add@is-TITLE TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-BP ☐ Change A.Liii ☐ Delete 33313 TITLE MAME NAME STREET ADORESS STREET ADDRESS CHTY-ST-ZW CITY-ST-ZIP ☐ Delete ☐ Change Atterna TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED