



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90044 006 ***150.00

DOCUMENT # P04000070418 1. Entity Name JOSEPH'S VINYL & CARPET SERVICES, INC.					
Principal Place of Business 2101 CRANE LAKES BLVD. 817 WINGATE TRAIL PORT ORANGE, FL 32128			Mailing Address 2101 CRANE LAKES BLVD. 817 WINGATE TRAIL PORT ORANGE, FL 32128		
2. Principal Place of Business 817 WINGATE TRAIL Suite, Apt. #, etc.		3. Mailing Address 817 WINGATE TRAIL Suite, Apt. #, etc.			
City & State PORT ORANGE, FL Zip 32128		City & State PORT ORANGE, FL Zip 32128		4. FEI Number 90-0170708	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PASCARELLI, JOSEPH 2101 CRANE LAKES BLVD. 817 WINGATE TRAIL PORT ORANGE, FL 32128			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASCARELLI, JOSEPH 2101 CRANE LAKES BLVD. 817 WINGATE TRAIL PORT ORANGE, FL 32128		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			JOSEPH PASCARELLI 1/17/06 <small>Date</small>		
			CELL # 386-566-7704 <small>Daytime Phone #</small>		
			HOME # 386-304-2115		