

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)

DOCUMENT # P04000070892

1. Entity Name

STEVEN MCGUINN CARPET, INC.



Principal Place of Business  
4711 E LINEBAUGH AVE  
TAMPA FL 33617

Mailing Address  
4711 E LINEBAUGH AVE  
TAMPA FL 33617

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

83-0393691

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCGUINN, CHARLES  
412 E HAMILTON AVE  
TAMPA FL 33604

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 7, 2005

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing  
Trust Fund Contribution.  \$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

STEVEN MCGUINN CARPET INC.  
4711 E LINEBAUGH AVE  
TAMPA, FL 33617

Delete  
 P

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

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CITY-ST-ZIP

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CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  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 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:

8-24-05 (813) 495-1531

FILED  
Aug 30, 2005 8:00 am  
Secretary of State

08-30-2005 90031 017 \*\*\*150.00



# ATTACHMENT

5064084  
# P04000070892

Dear,

Division of Corporations.

I waive the \$400.00

late fee. For, I had  
no idea I'd owe this.

and did not know that  
information.

My Corporation is this

ME - Steven McGuinn.

MY TOOLS -

MY VAN.

NO Employees, No  
Directors, and no -  
officers.

Just me. Trying to  
earn a living.

Steven P. McGuinn

# ATTACHMENT

50064084  
#P04000070892

I Have my liability  
with STATE Farm.

I Have my Business  
license - my EIN.

My INC. Doc. #

P04000070892

I have anything else  
you need from me.

I'm just me, my tools  
and my van.

And I'm Embarrassed  
to tell you how much  
I've made.

But I'm Trying  
Bless me please.

Steven McGuinn

Steven McGuinn