


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000079938</b>	
1. Entity Name <b>TINGLER'S CARPET, INC.</b>	

Principal Place of Business <b>719 DOUGHERTY STREET NEW SMYRNA BEACH, FL 32168 US</b>	Mailing Address <b>719 DOUGHERTY STREET NEW SMYRNA BEACH, FL 32168 US</b>
--	--

**DO NOT WRITE IN THIS SPACE**



04112008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>13-4281713</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired : <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**TINGLER, WENTZEL L  
719 DOUGHERTY STREET  
NEW SMYRNA BEACH, FL 32168**

**DO NOT WRITE  
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 Wetzel Lee Tingle Wetzel Lee Tingle 4/21/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS

TITLE <b>P</b>	<b>TINGLER, WENTZEL L 719 DOUGHERTY ST. NEW SMYRNA BEACH, FL 32168</b>
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	

000000918993  
05/13/08-80105-016 158.75

**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: Wetzel Lee Tingle Wetzel Lee Tingle 4/21/08 (386) 428-4719  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #