


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # P04000088385 1. Entity Name VICENTE GONZALEZ JR. CARPET, INC. |  |
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| Principal Place of Business 154 LAKE MARGARET BLVD LAKE COMO, FL 32167 | Mailing Address PO BOX 703 PIERSON, FL 32180 |
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01242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|---|-----------------------------------|
| 4. FEI Number 20-1243210 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent GONZALEZ, VINCENTE A JR 154 LAKE MARGARET BLVD LAKE COMO, FL 32167 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and file if applicable

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000606337 01/30/07-80074-007 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY- ST- ZIP | PSTD GONZALEZ, VICENTE A JR 154 LAKE MARGARET BLVD LAKE COMO, FL 32167 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | VP HERNANDEZ, CIRILO P.O. BOX 660 LAKE COMO, FL 32157 |
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| TITLE NAME STREET ADDRESS CITY- ST- ZIP | |

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