


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90296 047 ***150.00

DOCUMENT # P04000094450					
1. Entity Name MICHAEL BROWN AND SHERYLE BROWN CARPET & VINYL SERVICES, INC.					
Principal Place of Business 27103 THORNCREST AVE BROOKSVILLE, FL 34602		Mailing Address 27103 THORNCREST AVE BROOKSVILLE, FL 34602			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0959200	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BROWN, SHERYLE 27103 THORNCREST AVE BROOKSVILLE, FL 34602			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWN, MICHAEL	NAME			
STREET ADDRESS	27103 THORNCREST AVE	STREET ADDRESS			
CITY-ST-ZIP	BROOKSVILLE, FL 34602	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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STREET ADDRESS	27103 THORNCREST AVE	STREET ADDRESS			
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NAME		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 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: <i>Michael K. Brown, Director</i>		Date: <i>4-20-05</i>		Daytime Phone #: <i>(352) 799-0946</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Michael K. Brown					

50043154



03212005 Chg-P CR2E034 (10/03)

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

FL Zip Code

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9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

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STREET ADDRESS	27103 THORNCREST AVE
CITY-ST-ZIP	BROOKSVILLE, FL 34602
TITLE	D <input type="checkbox"/> Delete
NAME	BROWN, SHERYLE
STREET ADDRESS	27103 THORNCREST AVE
CITY-ST-ZIP	BROOKSVILLE, FL 34602
TITLE	<input type="checkbox"/> Delete
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SIGNATURE: *Michael K. Brown, Director* Date: *4-20-05* Daytime Phone #: *(352) 799-0946*

Michael K. Brown