


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 07, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000102083</b> 1. Entity Name REEVES CARPET, INC.	
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Principal Place of Business 116 5TH ST E NOKOMIS, FL 34275	Mailing Address 116 5TH ST E NOKOMIS, FL 34275
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  REEVES, JAMES T 116 5TH ST E NOKOMIS, FL 34275
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07092007 No Chg-P CR2E034 (11/05)

4. FEI Number 22-4487188	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**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 James T Reeves (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P REEVES, JAMES T 116 5TH ST E NOKOMIS, FL 34275
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09/07/07-80001-017 150.00

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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: James T Reeves SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_