

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90084 032 \*\*\*150.00

<b>DOCUMENT # P04000116263</b> 1. Entity Name <b>STEVE'S CARPET INSTALLATION, INC.</b>					
Principal Place of Business <b>35 NORMAN LANE AUBURNDALE, FL 33823</b>			Mailing Address <b>35 NORMAN LANE AUBURNDALE, FL 33823</b>		
2. Principal Place of Business <b>Home</b>		3. Mailing Address <b>35 NORMAN LANE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Auburndale FL</b>		City & State		4. FEI Number <b>84-1659164</b>	
Zip <b>33823</b>		Country <b>polk</b>		Applied For Not Applicable	
Zip <b>33823</b>		Country <b>polk</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JONES, STEVE 35 NORMAN LANE AUBURNDALE, FL 33823</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>Steve Jones</i></u> <span style="float: right;">02-02-05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, STEVE 35 NORMAN LANE AUBURNDALE, FL 33823		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, JESSIE 35 NORMAN LANE AUBURNDALE, FL 33823		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KEMP, JAMES 35 NORMAN LANE AUBURNDALE, FL 33823		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
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: <u><i>Steve Jones</i></u> <span style="float: right;">02-02-05</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

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