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2008 FOR PROFIT CANNUAL R	ORPORA			
2008 FOR PROFILE	EPUK.			
DOCUMENT # P050000093	39.			
- CHMEN''				M Will Drug
DOCUME 1. Entity Name CAPP'S CARPET, INC.	Adoresia Adoresia	1.		
1	8 BISHOP LN PALM COAST, FL 32137		CB2E	034 (11/05)
Principal Place of Business	PALM		02272008 No Chg-P	Not APP
A BISHUP LT EL 32131			Number	\$8.75 Additions
DO NOT WRI	-1115	PACE	FEI Number 20-2220644 5. Certificate of Status Desired	Fab
- 14/01	TE IN THIS		5. Cerumo	ITF.
DO NOT WICE	• · · · · · · · · · · · · · · · · · · ·		DO NOT WR	OF.
			DO NOT WA	AUL
Name and Address of	Gurrent		IN	ida Jam familiar with
B. MICHAEL J		1.5	and, or both, in the State of Fig.	31100
CAPPIELLO, MICHAEL J 8 BISHOP LN PALM COAST, FL 32137		anistered office or	registered aye	DATE
PALM COAS	ou for the purpose of ch	anging its lag.	wad when sometaking)	and the same of th
amed entity submits the	s statement to	(NOTE Registered Agent sig	Blure seque	
8. The above named entity submits on the obligations of registered agent the obligations of registered agent. SIGNATURE Signature types or printed his	directstered agent and inte it applicable.	action Campaign Financing	registered agent, or both, in the State of Florance required when remaining) \$5.00 May Be Added to Fees	
SIGNATURE Signature typed or printed his	9. Ell	action Campaign Francisco.		
NOWIII FEE	S \$150.00 WIII be \$550.00			UD00008537
SIGNATURE Signature trees or portion. FILE NOW!!! FEE. After May 1, 2008 Fee	OFFICERS AND DIRECTORS	\sim \sim	03	100 me 800°
10. DPVT	MICHAEL J			
TITLE CAPPIELLON 8 BISHOP LY STREET ADDRESS PALM COAS	T, FL 32137		i hamilian de la companya de la comp	and the second s
STREET AS PALM CONTROL OF THE CONTRO	DIANEL		Jan Was San N	OT W
TITLE CAPPIELLI BISHOP	LN AST, FL 32137		DON	HIS S'
STREET ADDRESS PALM CO	A31		- IN "	1 11-
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STREET ADDRESS CIV-ST-21P				
THILE				
NAME STREET ADDRESS CITY-ST-ZIP			***	
NAME STREET ADDRESS			vained in Chapt	er 119 al elle
CIN-SI-ZIP TINE		at diff	hity for the exemptions contain the same loa- bity for the exemptions shall have the same loa- signature by Chapter 607, Florida	Statu
NAME STREET ADDRESS	SUDDIE	d with this filling does not and accurate and accurate and accurate this and accurate this	report as required with report as required whered	<u>[6</u>
CIN-SI-2#	certify that the information and re- certify that the information truster or this report or supplemental re- centification and the receiver or truster	e empowered other like sinks dress, with all other like sinks	Michael V	
12. Indicated of the cr	progration or the property with a stackment with a stackm	OF SIGNITED NAME OF SIGNIN	siffy for the exemptions contained in Chapter that my signature shall have the same legit report as required by Chapter 607, Florida whered.	
Charac	ATURE: SIGNATURE AND	TYPED OR FROM		
SIGNA				