

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-03-2006 90360 042 ***150.00

DOCUMENT # P05000079673			
1. Entity Name B & C CARPET INSTALLATION, INC.			
Principal Place of Business 540 ALTA VISTA ENGLEWOOD, FL 34223		Mailing Address 540 ALTA VISTA ENGLEWOOD, FL 34223	
2. Principal Place of Business 11885 newgate Ave.		3. Mailing Address 11885 newgate Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Port Charlotte, FL		City & State Port Charlotte, FL	
Zip 33981		Country USA	
6. Name and Address of Current Registered Agent FLISCHEL, TOWNSEND & MURTHA, P.A. 900 EAST PINE STREET SUITE #126 ENGLEWOOD, FL 34223		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when registering)			
FILE NOW!! - FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES JUSTICE, WILLIAM 540 ALTA VISTA ENGLEWOOD, FL 34223 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11885 newgate Ave ☐ Change ☐ Addition Port Charlotte, FL, 33981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RHODES, CHRIS 540 ALTA VISTA ENGLEWOOD, FL 34223 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: Bill Justice		Date: 3-30-06 941-586-1498	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66010406



03222006 Chg-P CR2E034 (11/05)

4. FEI Number **04-3815971** Applied For ☐ Not Applicable ☐

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