

**2008 FOR PROFIT CORPORATION,
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # P05000136397

1. Entity Name
JB FACTORY CARPETS OUTLET, INC.



Principal Place of Business
24099 U.S. HIGHWAY 19 NORTH
CLEARWATER, FL 33763

Mailing Address
3100 22ND AVENUE NORTH
ST. PETERSBURG, FL 33763



02062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3605424	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOUKALIS, VASILIOS
3100 22ND AVENUE NORTH
ST. PETERSBURG, FL 33713

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U00000887624
04/21/08 00027 021 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BOUKALIS, VASILIOS
STREET ADDRESS	3100 22ND AVENUE NORTH
CITY-ST-ZIP	ST.PETERSBURG, FL 33713

TITLE	D
NAME	SEVASTOS, STILLANOS
STREET ADDRESS	2924 SUMMERVALE DRIVE
CITY-ST-ZIP	HOLIDAY, FL 34691

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Vasilios Boukalis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #