

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000025723

Entity Name: THE CARPET MACHINE, INC.

FILED
Jul 25, 2007
Secretary of State

Current Principal Place of Business:

500 PARKVIEW DRIVE
UNIT A
FORT WALTON BEACH, FL 32547 15

Current Mailing Address:

500 PARKVIEW DRIVE
UNIT A
FORT WALTON BEACH, FL 32547 15

FEI Number: 20-4340382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

500 PARKVIEW RD NW
UNIT A
FORT WALTON BEACH, FL 32547 15

New Mailing Address:

500 PARKVIEW RD NW
UNIT A
FORT WALTON BEACH, FL 32547 15

Name and Address of Current Registered Agent:

WORKMAN, WILLIAM G
500 PARKVIEW DRIVE
UNIT A
FORT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WORKMAN, WILLIAM G
Address: 500 PARKVIEW DRIVE UNIT A
City-St-Zip: FORT WALTON BEACH, FL 32547 15

Title: VP () Delete
Name: WORKMAN, WILLIAM G
Address: 500 PARKVIEW DRIVE UNIT A
City-St-Zip: FORT WALTON BEACH, FL 32547 15

Title: SEC () Delete
Name: WORKMAN, WILLIAM G
Address: 500 PARKVIEW DRIVE UNIT A
City-St-Zip: FORT WALTON BEACH, FL 32547 15

Title: TRES () Delete
Name: WORKMAN, WILLIAM G
Address: 500 PARKVIEW DRIVE UNIT A
City-St-Zip: FORT WALTON BEACH, FL 32547 15

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM G. WORKMAN

PRES

07/25/2007

Electronic Signature of Signing Officer or Director

Date