

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90036 049 ***150.00

DOCUMENT # P07000100293 1. Entity Name JOHNNY'S CARPET, INC.					
Principal Place of Business 215 MARION OAKS MANOR OCALA, FL 34473 US			Mailing Address 215 MARION OAKS MANOR OCALA, FL 34473 US		
2. Principal Place of Business - No P.O. Box # 11007 SW 62nd Ave. Rd.		3. Mailing Address 11007 SW 62nd Ave. Rd.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State OCALA, FL		City & State OCALA, FL			
Zip 34476		Country US		4. FEI Number 26-0879272	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MOMAMED, SHAMEER 215 MARION OAKS MANOR OCALA, FL 34473			7. Name and Address of New Registered Agent Name FANEZA SEWNAIRINE Street Address (P.O. Box Number is Not Acceptable) 11007 SW 62nd Ave. Rd. City OCALA FL		
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>Faneza Sewnaire</i></u> 1/21/2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME MOHAMED, SHAMEER STREET ADDRESS 215 MARION OAKS MANOR CITY-ST-ZIP OCALA, FL 34473	<input checked="" type="checkbox"/> Delete		TITLE P NAME SEWNAIRINE, FANEZA STREET ADDRESS 11007 SW 62nd AVE RD CITY-ST-ZIP OCALA, FL 34476	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME RAMESH, RAJENDRA STREET ADDRESS 215 MARION OAKS MANOR CITY-ST-ZIP OCALA, FL 34473	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Faneza Sewnaire</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/21/2008 352) 873-7313 <small>Date Daytime Phone #</small>		