

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90190 012 ***158.75

DOCUMENT # P93000016777					
1. Entity Name GEORGIA CARPET, INC.					
Principal Place of Business 3665 W. NEW HAVEN AVE. MELBOURNE, FL 32904 US			Mailing Address 3665 W. NEW HAVEN AVE. MELBOURNE, FL 32904 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3179186	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GIBBS, TAMMY 311 DARROW AVE. MELBOURNE, FL 32901			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: <u>Tammy Gibbs</u> 4-30-08 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> Delete			
NAME	GIBBS, TAMMY				
STREET ADDRESS	311 DARROW AVE.				
CITY- ST- ZIP	MELBOURNE, FL 32901				
TITLE	V	<input type="checkbox"/> Delete			
NAME	GIBBS, TIMOTHY				
STREET ADDRESS	311 DARROW AVE.				
CITY- ST- ZIP	MELBOURNE, FL 32901				
TITLE	D	<input checked="" type="checkbox"/> Delete			
NAME	BURGESS, JOE				
STREET ADDRESS	107 PIER LANE				
CITY- ST- ZIP	MELBOURNE BEACH, FL 32951				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
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>Tammy Gibbs</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4-30-08</u>		
			Daytime Phone: <u>(321) 984-7585</u>		