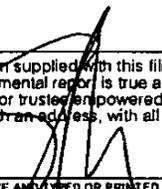


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 10, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90086 049 \*\*\*150.00

DOCUMENT # P93000020391			
1. Entity Name KELLER CARPETS, INC.			
Principal Place of Business 1730 NW 53RD AVE GAINESVILLE FL 32606 US		Mailing Address 1730 N W 53RD AVE GAINESVILLE FL 32653-2219 US	
2. Principal Place of Business 300 NE 39th Ave Suite, Apt. #, etc.		3. Mailing Address 300 NE 39th Ave Suite, Apt. #, etc.	
City & State Gainesville, FL		City & State Gainesville, FL	
Zip 32609		Zip 32609	
Country USA		Country USA	
4. FEI Number 59-3174575		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ZIDONIK, STEVE M 601 CHARLIE ST MICANOPY FL 32667		7. Name and Address of New Registered Agent Name: ZIDONIK, STEVE M Street Address (P.O. Box Number is Not Acceptable): 601 SW 1st Ave City: Micanoopy FL Zip Code: 32667	
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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when renewing)	
<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2005 Fee Will Be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b></p>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PST ZIDONIK, STEVE 601 SW 1 AV MICANOPY FL 32667 <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	VP TUCKER, BRAD 3202 10 NW 14TH STREET GAINESVILLE FL <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	T ZIDONIK, KATHERINE T 623 SW 28 ST GAINESVILLE FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T ZIDONIK, KATHERINE T 14240 N 42nd St. 203B Tampa, FL 33613
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 exemption stated in Section 119.07(3)(i), 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: 		Date: 5/6/05 4/12/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR STEVE M. ZIDONIK		Daytime Phone # 352-374-3721	