

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90321 028 ***150.00

DOCUMENT # P93000023347

1. Entity Name
L. & M. CARPET SERVICE INC.



Principal Place of Business
**2421 49 ST S.
GULFPORT, FL 33707 US**

Mailing Address
**1886 59TH WAY N
ST. PETERSBURG, FL 33710**

50025223



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02252005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-3176723

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHALL, JOHN E
2421 49 ST S
GULFPORT, FL 33707**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SCHALL, JOHN E**
STREET ADDRESS **2421 49 ST S.**
CITY-ST-ZIP **GULFPORT, FL 33707**

TITLE **VP** ☐ Change ☒ Addition
NAME **DAVIS, RYAN**
STREET ADDRESS **4747 68 LANE N**
CITY-ST-ZIP **ST. PETERSBURG FL 33709**

TITLE **VP** ☒ Delete
NAME **PALENSKI, JOHN T**
STREET ADDRESS **5144 33RD TERR N**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33710**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: John E Schall, Pres 3/9/05 727.347-3392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #