

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90184 005 ***150.00

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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		
2. Principal Place of Business 1886 59th Way N.		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ST. PETERSBURG FL		City & State		4. FEI Number 59-3176723	
Zip 33710		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHALL, JOHN E 2421 49 ST S GULFPORT, FL 33707			7. Name and Address of New Registered Agent Name SCHALL, JOHN E Street Address (P.O. Box Number is Not Acceptable) 1886 59th Way N. City ST. PETERSBURG FL Zip Code 33710		
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>John E Schall</u> <u>JOHN E. SCHALL</u> <u>4/28/06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 P NAME SCHALL, JOHN E STREET ADDRESS 2421 49 ST S. CITY-ST-ZIP GULFPORT, FL 33707	<input type="checkbox"/> Delete		TITLE P NAME SCHALL, JOHN E STREET ADDRESS 1886 59th Way N. CITY-ST-ZIP ST. PETERSBURG FL 33710	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME DAVIS, RYAN STREET ADDRESS 4747 68 LANE NORTH CITY-ST-ZIP SAINT PETERSBURG, FL 33709	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME PALENSKI, JOHN T STREET ADDRESS 5144 33 TERR N CITY-ST-ZIP SAINT PETERSBURG, FL 33710	<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 lines empowered					
SIGNATURE: <u>John E Schall</u> <u>PRESIDENT</u> <u>4/28/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #</small>					