


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000048144 1. Entity Name MARLINS CARPET SERVICE, INC.	
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Principal Place of Business 5914 SW 25TH ST. HOLLYWOOD, FL 33023 US	Mailing Address 5914 SW 25TH ST. HOLLYWOOD, FL 33023 US
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DO NOT WRITE IN THIS SPACE



04172006	No Chg-P	CR2E034 (11/05)
4. FEI Number 65-0420734	Applied For Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOMMERFIELD, KIM A
 5914 SW 25TH ST.
 HOLLYWOOD, FL 33023

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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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOMMERFIELD, KIM A 5700 MEADHAVEN STREET DAVIE, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOMMERFIELD, JO ANN 5700 MEADHAVEN STREET DAVIE, FL 33331
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 05/04/06-80069-004 150.00

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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: *Kim Sommerfeld* 4-13-06 954-981-5077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #