# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000048144

1. Entity Name
MARLINS CARPET SERVICE, INC.

Principal Place of Business
5914 SW 25TH ST.
HOLLYWOOD, FL 33023 US

Mailing Address
5914 SW 25TH ST.
HOLLYWOOD, FL 33023 US

02072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0420734
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!! FEE IS $150.00**
**After May 1, 2008 Fee will be $550.00**

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

02/19/08-80038-013 150.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | SOMMERFIELD, KIM A |
| STREET ADDRESS | 5700 MEADHAVEN STREET |
| CITY-ST-ZIP | DAVIE, FL 33331 |
| TITLE | D |
| NAME | SOMMERFIELD, JO ANN |
| STREET ADDRESS | 5700 MEADHAVEN STREET |
| CITY-ST-ZIP | DAVIE, FL 33331 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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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:** JoAnn Sommerfeld JoAnn Sommerfeld 2/7/08 / 954-981-5077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #