2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# P93000066056

Entity Name: SHARP CARPET & CERAMIC TILE, INC.

Current Principal Place of Business:

2617 HWY. 77
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

2617 HWY 77
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number: 59-3204196 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHARP, HERBERT
2617 HIGHWAY 77
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SHARP, HERBERT
Address: 2617 HIGHWAY 77
City-St-Zip: PANAMA CITY, FL 32405

Title: STD ( ) Delete
Name: SHARP, JUDITH
Address: 2617 HIGHWAY 77
City-St-Zip: PANAMA CITY, FL 32405

Title: VP ( ) Delete
Name: SHARP, TRACEY L
Address: 7126 BRANDYWINE DRIVE
City-St-Zip: PANAMA CITY, FL 32407

Title: VP ( ) Delete
Name: TIROTTA, STACEY L
Address: 508 W 26TH STREET
City-St-Zip: LYNN HAVEN, FL 32444

Title: VP ( ) Delete
Name: RHODES, TERRI
Address: 102 WOOD TRAIL
City-St-Zip: PANAMA CITY, FL 32405

Title: VP ( ) Delete
Name: RHODES, ISAAC JR
Address: 102 WOOD TRAIL
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERBERT SHARP PD 04/14/2009

Electronic Signature of Signing Officer or Director Date