

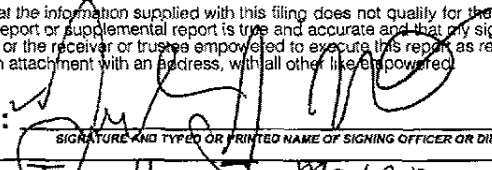


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000066306		
1. Entity Name CARPET CORNER-CARPET ONE, INC.		
Principal Place of Business 3312 GRAND BOULEVARD HOLIDAY, FL 34690		Mailing Address 3312 GRAND BOULEVARD HOLIDAY, FL 34690
DO NOT WRITE IN THIS SPACE		
		
01112007 No Chg-P CR2E034 (11/05)		
4. FEI Number 59-3204757		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 MAYER, JONATHAN J 3312 GRAND BOULEVARD HOLIDAY, FL 34690		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		DO NOT WRITE IN THIS SPACE
TITLE	PD	
NAME	MAYER, HOWARD M	
STREET ADDRESS	3312 GRAND BOULEVARD	
CITY - ST - ZIP	HOLIDAY, FL 34690	
TITLE	VD	
NAME	MAYER, JONATHAN J	
STREET ADDRESS	3312 GRAND BOULEVARD	
CITY - ST - ZIP	HOLIDAY, FL 34690	
TITLE	STD	
NAME	MAYER, JUDITH D	
STREET ADDRESS	3312 GRAND BOULEVARD	
CITY - ST - ZIP	HOLIDAY, FL 34690	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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 information.		
SIGNATURE:  Jonathan S. Mayer		1-31-07 727-849-5273 Date Daytime Phone #