

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 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



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3204757

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAYER, JONATHAN J
3312 GRAND BOULEVARD
HOLIDAY, FL 34690**

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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

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

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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01/18/08-80042-008 150.00

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IN THIS SPACE**

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 individuals empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jonathan J. Mayer

1/1/08

Date

727-849-5273

Daytime Phone #