2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2008
Secretary of State

DOCUMENT# P94000011538

Entity Name: BILL BAILEY'S CARPET CARPET BARN, INC.

Current Principal Place of Business:

4705 95TH ST N
ST PETERSBURG, FL 33708 US

New Principal Place of Business:

Current Mailing Address:

P O B 9591
ST PETERSBURG, FL 33740 US

New Mailing Address:

FEI Number: 59-3227911 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WELLS, GERI M
628 64TH STREET NORTH
SAINT PETERSBURG, FL 33710 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: WELLS, GERI M
Address: 624 68TH STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: VS ( ) Delete
Name: WELLS, PATRICK D
Address: 8444 LANTANA DR
City-St-Zip: SEMINOLE, FL 33777

Title: TREA ( ) Delete
Name: WELLS, HERMAN A
Address: 628 64TH ST N
City-St-Zip: SAINT PETERSBURG, FL 33710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: WELLS, H A
Address: 624 68TH STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33710

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: H A WELLS PT 08/27/2008

Electronic Signature of Signing Officer or Director Date