

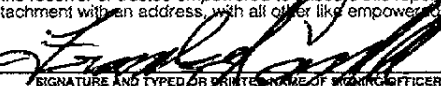


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000029368</b> 1. Entity Name <b>CLASSIC CARPET AND TILE, INC.</b>					
Principal Place of Business <b>AVE A 1ST ST</b> <b>BIG PINE KEY, FL 33043 US</b>			Mailing Address <b>P O BOX 430906</b> <b>BIG PINE KEY, FL 33043 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02232004 Chg-P CR2E034 (10/03)	
Zip Country		Zip Country		4. FEI Number <b>65-0462301</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>CARNELLI, FRANK L</b> <b>AVENUE A &amp; 1ST STREET</b> <b>BIG PINE KEY, FL 33043-0906</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARNELLI, FRANK A 9 CROTON LANE BIG PINE KEY, FL 33043		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARNELL, KEITH 201 CAMINO REAL MARATHON, FL 33050		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			Date: <b>3-9-04</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		