

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000029368 1. Entity Name CLASSIC CARPET AND TILE, INC.					
Principal Place of Business AVE A 1ST ST BIG PINE KEY, FL 33043 US			Mailing Address P O BOX 430906 BIG PINE KEY, FL 33043 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CARNELLI, FRANK L AVENUE A & 1ST STREET BIG PINE KEY, FL 33043-0906				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 re-instating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	DP	CARNELLI, FRANK A	9 CROTON LANE BIG PINE KEY, FL 33043		
	VP	CARNELL, KEITH	201 CAMINO REAL MARATHON, FL 33050		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/28/05 305-872-2711 <small>Date Daytime Phone #</small>	