## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P94000076424

1. Entity Name

GEORGIA CARPET WORLD OF FLORIDA, INC.



FILED Feb 28, 2008 08:00 AM Secretary of State

Principal Place of Business

5425 14TH ST W BRADENTON, FL 34207 Mailing Address

5425 14TH ST W BRADENTON, FL 34207



## DO NOT WRITE IN THIS SPACE

01082008 No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0529299 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLARK, RANDALL T 5425 14TH ST W BRADENTON, FL 34207

## DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the pions of registered agent.	urpose of changing its registered of	fice or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registored agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
		Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CLARK, RANDALL T 5425 14TH ST W BRADENTON, FL 34207				U00000842308 03/11/08-80024-023 150.00 DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•		
TITLE						

12. I hereby certify that the information supplied with this filling 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 empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-00 941-758-4425

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