

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000000456

FILED
Feb 11, 2009
Secretary of State

Entity Name: CARPET SQUARE OF JACKSONVILLE, INC.

Current Principal Place of Business:

6139 103RD ST.
JACKSONVILLE, FL 32210

New Principal Place of Business:

6139 103RD ST.
JACKSONVILLE, FL 32210 US

Current Mailing Address:

6139 103RD ST.
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 59-3285960 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAZOURI, RICHARD
6139 103RD ST.
JACKSONVILLE, FL 32210 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: HAZOURI, RICHARD
Address: 6139-103RD ST.
City-St-Zip: JACKSONVILLE, FL

Title: V () Delete
Name: HAZOURI, RICK
Address: 6139-103RD ST.
City-St-Zip: JACKSONVILLE, FL

Title: SECT () Delete
Name: HAZOURI, JOYCE
Address: 6139-103 RD STREET
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: HAZOURI, RICHARD
Address: 6139-103RD ST.
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: V (X) Change () Addition
Name: HAZOURI, RICHARD JR
Address: 6139-103RD ST.
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: SECT (X) Change () Addition
Name: HAZOURI, JOYCE
Address: 6139-103 RD STREET
City-St-Zip: JACKSONVILLE, FL 32210 US

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: JAMES E LIPHAM

CPA

02/11/2009

Electronic Signature of Signing Officer or Director

_____ Date