2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 12, 2004 8:00 am Secretary of State DOCUMENT # P96000004447 04-12-2004 90243 011 ***150.00 GREAT LAKES CARPET SERVICES, INC. Principal Place of Business Mailing Address 232 BASIN DRIVE 232 BASIN DRIVE LAUDERDALE BY THE SEA, FL 33308 LAUDERDALE BY THE SEA, FL 33308 2, Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 04072004 CR2E034 (10/03) Cha-P Applied For City & State City & State 4. FEI Number 65-0632514 Not Applicable Country Zip \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent ---- 8. Name and Address of Current Registered Agent Courtner Wilson .Sdr **SCHINTZIUS, WARREN-**(P.O. Box N Street Addr imber is Not Acceptable) 232 PACIN DR LAUDERDALE BY THE SEA, FL 93908 City 8. The above named entity sobnits 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 whe 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition SCHINTZIUS, WARREN T NAME NAME 944 S.E. 9TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH, FL 33060 AT Pres. UP , JI, Delete TITLE Change . ☐ Addition TITLE WILSON, COURTNEY NAME NAME STREET ADDRESS STREET ADDRESS 232 BASIN DRIVE CITY-ST-ZIP LAUDERDALE BY THE SEA, FL 33308 CITY-ST-ZIP VΡ TITLE Delete Channe - LAddition TITLE TURNER, MADONNA NAME NAME STREET ADDRESS 232 BASIN DRIVE STREET ADDRESS LAUDERDALE BY THE SEA, FL 33308 CITY-ST-ZIP CITY-ST-7P ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CNY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplies with this filing poes not dualify 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 dusted 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: X

OFFICER OR DIRECTOR

FILED

Daytime Phone #