


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P96000005727

1. Entry Name
CARPETS ETC. INC.




FILED
05 JUL -8 AM 11:51

Principal Place of Business
8767 S FEDERAL HWY
PORT ST LUCIE FL 34952

Mailing Address
8767 S FEDERAL HWY
PORT ST LUCIE FL 34952

SECURITY STATE
02/16/15 90046 032 150



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent

**KANTOR, ROBERT P
8767 S FEDERAL HWY
PORT ST LUCIE FL 34952**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** 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 **2/8/05**

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KANTOR, ROBERT P			NAME			
STREET ADDRESS	831 SE SEAHOUSE DR			STREET ADDRESS			
CITY-ST-ZIP	PORT ST LUCIE FL 34983			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KANTOR, KATHERINE A			NAME			
STREET ADDRESS	831 SE SEAHOUSE DR			STREET ADDRESS			
CITY-ST-ZIP	PORT ST LUCIE FL 34983			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Robert Kantor* **PRESIDENT** Date: **7/6/05** 772-878-4707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

Memo

From

MARGARET SCHUMACHER

To

7/6/05

Division of Corporations

Please find enclosed
the signed annual
report - the check
was rec'd. by you in
February -

CARPETS ETC.

8767 S. FEDERAL HWY
PORT ST LUCIE, FL 34952
772-878-4707