## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 30, 2004 08:00 AM Secretary of State **DOCUMENT # P96000069241** 1. Entity Name DISCOUNT CARPET OF VERO BEACH, INC. Principal Place of Business Mailing Address 3106 N. US ONE 3106 N. US ONE VERO BEACH, FL 32960 VERO BEACH, FL 32960 04242004 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 65-0702302 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent MILLER, MARK 3106 N. US ONE VERO BEACH, FL 32960 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating) BATE 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 10. OFFICERS AND DIRECTORS TITLE D MILLER, MARK 3106 N. US ONE STREET ADDRESS U00000143190 04/30/04-80081-003 150.00 CITY-ST-ZP VERO BEACH, FL 32960 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP nne NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CRY-ST-ZP TITLE NAME

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:

STREET ADDRESS CITY-ST-ZP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7727784634 \_\_ Deytime Phone #