2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 22, 2004 8:00 am **Secretary of State** DOCUMENT # P96000086966 1. Entity Name 03-22-2004 90078 007 ***150.00 KARPET DOCTOR SPECIALISTS, INC. Principal Place of Business Mailing Address 3831 S ATLANTIC AVE 3831 S ATLANTIC AVE 64U26842 DAYTONA BEACH FL 32127 DAYTONA BEACH FL 32127 CORRECTION ONLY Principal Place of Business 3. Mailing Address 3831 S. ATLANTIC AVE. 3831 S. ATLANTIC AVE. Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) #601 #601 City & State DAYTONA BEACH SHORES, City & State 4. FEI Number Applied For 59-3417265 FLDAYTONA BEACH SHORES, Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32118 VOLUSIA 32118 VOLUSIA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAVIDSON, EMMETT J Street Address (P.O. Box Number is Not Acceptable) 2987 S. ATLANTIC AVENUE **SUITE 1805** DAYTONA BEACH SHORES FL 32118 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete Change ☐ Addition DAVIDSON, EMMETT J NAME STREET ADDRESS 3831 S ATLANTIC AVE 601 STREET ADDRESS DAYTONA BEACH SHORES, FL 32118 CITY-ST-ZIP DAYTONA BEACH FL 32127 CITY-ST-ZIP VΡ Change TITLE ☐ Delete TiTLE ☐ Addition DAVIDSON, DELILAH K 3831 S ATLANTIC AVE 601 STREET ADDRESS STREET ADDRESS DAYTONA BEACH SHORES, FL CITY-ST-ZIP DAYTONA BEACH FL 32127 CITY-ST-ZIP 32118 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7P

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/04 386)253 Date Daytime Phor

FILED

Daytime Phone #

one # 1/6