

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90047 028 \*\*\*150.00

<b>DOCUMENT # P96000086966</b> 1. Entity Name <b>KARPET DOCTOR SPECIALISTS, INC.</b>					
Principal Place of Business <b>3811 S ATLANTIC AVE.</b> <b>601</b> <b>DAYTONA BEACH, FL 32118</b>			Mailing Address <b>3811 S ATLANTIC AVE.</b> <b>601</b> <b>DAYTONA BEACH, FL 32118</b>		
2. Principal Place of Business <b>3831 S ATLANTIC AVE</b> Suite, Apt. #, etc. <b>UNIT 702</b> City & State <b>DAYTONA BEACH SHORES, FL</b>		3. Mailing Address <b>3831 S ATLANTIC AVE</b> Suite, Apt. #, etc. <b>UNIT 702</b> City & State <b>DAYTONA BEACH SHORES, FL</b>			
Zip <b>32118</b>		Country <b>USA</b>		4. FEI Number <b>59-3417265</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>DAVIDSON, EMMETT J</b> <b>2987 S. ATLANTIC AVENUE</b> <b>SUITE 1805</b> <b>DAYTONA BEACH SHORES, FL 32118</b>			7. Name and Address of New Registered Agent Name <b>Emmett J. DAVIDSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>3831 S. ATLANTIC AVE.</b> <b>UNIT 702</b> City <b>DAYTONA BEACH SHORES, FL</b>		
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 <u><i>Emmett J. Davidson</i></u> DATE <u>3/9/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME DAVIDSON, EMMETT J STREET ADDRESS 3831 S ATLANTIC AVE 601 CITY-ST-ZIP DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete		TITLE P NAME DAVIDSON, EMMETT J. STREET ADDRESS 3831 S. ATLANTIC AVE. Unit 702 CITY-ST-ZIP DAYTONA BEACH SHORES, FL. 32118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME DAVIDSON, DELILAH K STREET ADDRESS 3831 S ATLANTIC AVE., 601 CITY-ST-ZIP DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete		TITLE VP NAME DAVIDSON, DELILAH K. STREET ADDRESS 3831 S. ATLANTIC AVE. Unit 702 CITY-ST-ZIP DAYTONA BEACH SHORES, FL. 32118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Emmett J. Davidson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3/9/2005</u> <small>Date Daytime Phone #</small>		