## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

## Apr 19, 2005 8:00 am Secretary of State DOCUMENT # P97000001509 1. Entity Name 04-19-2005 90386 042 \*\*\*150.00 SMITH FAMILY CARPETS, INC. Principal Place of Business Mailing Address 7865 PINE FOREST RD 7865 PINE FOREST RD PENSACOLA FL 32526 PENSACOLA FL 32526 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3419763 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SMITH, BARON P 10109 BRISTOL PARK RD **CANTONMENT FL 32533** DANVILLE ST. 8. The above named early 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 obligationed gistered agent. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTC TITLE ☐ Delete TITLE ☐ Addition SMITH, BARON P. 190 DANVILLE ST. SMITH, BARON P NAME NAME 10109 BRISTOL PK RD. STREET ADDRESS STREET ADDRESS CANTONMENT, FL. 32533 CANTONMENT FL 32533 CITY-ST-ZIP CITY-ST-ZIP 155 V5D VSD TITLE ☐ Delete THILE ☐ Addition SMITH SAMUEL B. 10211 WALBRIDGE ST. SMITH, SAMUEL B. NAME NAME 3168 HWY 97 SOUTH STREET ADDRESS STREET ADDRESS PENSACOLA, FL. 32534 CITY-ST-ZIP CANTONMENT FL 32533 CITY-ST-ZIE 21/2 Delete Спалде TITLE ☐ Addition TITLE Krichel-Kinsmith NAME SMITH, KATHY'M NAME 601 E. BUTGESSAC-7 STREET ADDRESS 10109 BRISTOL PK RD. STREET ADDRESS CITY-ST-7IP PENSACOLA, FL. 32504 CITY-ST-7IP **CANTONMENT FL 32533** 300 Delete TITLE TITLE ☐ Addition DARA M. BROOKS SMITH, KEVIN J NAME NAME 190 DANVILLE ST. CANTONMENT, FL. 32533 STREET ADDRESS 3168 HWY 97 SOUTH STREET ADDRESS CITY-ST-7IP CANTONMENT FL 32533 CITY-ST-ZIP Delete TITLE ☐ Addition TITLE ☐ Change MCDONALD, JOHN WILLIAM NAME NAME 6951 BURRELL LN. STREET ADDRESS STREET ADDRESS PENSACOLA FL 32503 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ 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 of 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.

**FILED** 

BARON P. Smith pro. SIGNATURE: