

2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P97000019213

1. Entity Name  
EMPIRE CARPETS CO.



Principal Place of Business

1537 UNIVERSITY BLVD N  
JACKSONVILLE, FL 32211

Mailing Address

1537 UNIVERSITY BLVD N  
JACKSONVILLE, FL 32211

**FILED**  
**Mar 17, 2008 08:00 AM**  
**Secretary of State**



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3430256

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

FLEMMENS, DENNIS  
1537 UNIVERSITY BLVD N  
JACKSONVILLE, FL 32211

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

000000859274  
04/02/08-80015-023 150.00

10. OFFICERS AND DIRECTORS

TITLE P  
NAME FLEMMENS, DENNIS  
STREET ADDRESS 1537 UNIVERSITY BLVD NORHT  
CITY-ST-ZIP JACKSONVILLE, FL 32211

TITLE V  
NAME FLEMMENS, DAWN  
STREET ADDRESS 1537 UNIVERSITY BLVD N  
CITY-ST-ZIP JACKSONVILLE, FL 32211

TITLE C  
NAME FLEMMENS, DENNIS II  
STREET ADDRESS 1537 UNIVERSITY BLVD N  
CITY-ST-ZIP JACKSONVILLE, FL 32211

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Dennis Flemmens* DENNIS FLEMMENS

3-12-08

904-745-0701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #