

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 01, 2007 8:00 am
Secretary of State

08-01-2007 90036 001 ***150.00

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1. Entity Name
REDI CARPET SALES OF FLORIDA, INC.



Principal Place of Business

7658 CURRENCY DRIVE
ORLANDO, FL 32809

Mailing Address

12802 CAPRICORN
STAFFORD, TX 77477-1158

2490 Principal Row #100
Orlando, FL 32837

40127801



07252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-2851307

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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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
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DCEO
WALEKE, GREGORY W
12802 CAPRICORN
STAFFORD, TX 77477-1158

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DC
CARESS, BRUCE
12802 CAPRICORN
STAFFORD, TX 77477-1158

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HOSKO, JERRY
12802 CAPRICORN
STAFFORD, TX 77477

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Carlos Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/07 291-240-2500
Date Daytime Phone #