

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 06, 2005 08:00 AM
Secretary of State**

DOCUMENT # P98000028074

1. Entity Name
CARPETS & MORE OF OVIEDO, INC.



Principal Place of Business
**8085 RED BUG LAKE ROAD
SUITE 113
OVIEDO, FL 32765**

Mailing Address
**8085 RED BUG LAKE ROAD
SUITE 113
OVIEDO, FL 32765**



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3500738	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BULLOCK, PAUL T
1028 ANTELOPE TRAIL
WINTER SPRINGS, FL 32708**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BULLOCK, PAUL 8085 RED BUG ROAD SUITE 113 OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ARTHUR, THOMAS 8085 RED BUG ROAD SUITE 113 OVIEDO, FL 32765
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #