

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90234 030 ***150.00

DOCUMENT # P98000052648

1. Entity Name
CARPETMASTERS USA, INC.



Principal Place of Business
2771 S.W. SAVONA BLVD.
PORT ST. LUCIE, FL 34953

Mailing Address
2771 S.W. SAVONA BLVD.
PORT ST. LUCIE, FL 34953

94074671



2. Principal Place of Business

124 W Caribbean
Suite, Apt. #, etc.

3. Mailing Address

124 W Caribbean
Suite, Apt. #, etc.

03172004 Chg-P CR2E034 (10/03)

City & State

Port St Lucie, FL

City & State

Port St Lucie, FL

4. FEI Number
65-0852107

Applied For
Not Applicable

Zip
34952

Country

Zip
34952

Country

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

6. Name and Address of Current Registered Agent

JACOBS, RONALD
2771 S.W. SAVONA BLVD.
PORT ST. LUCIE, FL 34953

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Numbers Not Acceptable)
124 W Caribbean

City Port St Lucie FL Zip Code 34952

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, 2004 Fee will be \$550.00

9. Election Campaign Financing -
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD ☐ Delete
NAME JACOBS, RONALD
STREET ADDRESS 2771 S.W. SAVONA BLVD.
CITY-ST-ZIP PORT ST. LUCIE, FL 34953

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME 124 W Caribbean
STREET ADDRESS Port St Lucie, FL 34952
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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 #

3-30-04 772-336-252