


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

01-30-2004 90089 009 ***150.00

DOCUMENT # P98000069768			
1. Entity Name THE RUG SOURCE INC			
Principal Place of Business 850 PHYLLIS ST PORT CHARLOTTE FL 33948		Mailing Address 850 PHYLLIS ST PORT CHARLOTTE FL 33948	
2. Principal Place of Business 18678 Countryman Ave		3. Mailing Address 18678 Countryman Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Port Charlotte, FL		City & State Port Charlotte, FL	
Zip 33948	Country USA	Zip 33948	Country USA



MOORE CR2E034 (11/03)

4. FEI Number 65-0888115		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JAGHAB, CHARLES 850 PHYLLIS ST PORT CHARLOTTE FL 33948		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 18678 Countryman Ave City Port Charlotte FL 33948	
--	--	--	--

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PTD	<input type="checkbox"/> Delete	TITLE PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JAGHAB, CHARLES		NAME JAGHAB, CHARLES	
STREET ADDRESS 850 PHYLLIS ST		STREET ADDRESS 18678 Countryman Ave.	
CITY-ST-ZIP PORT CHARLOTTE FL 33948		CITY-ST-ZIP Port Charlotte, FL 33948	
TITLE VPSD	<input type="checkbox"/> Delete	TITLE VPSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JAGHAB, SALLY		NAME JAGHAB, Sally	
STREET ADDRESS 850 PHYLLIS ST		STREET ADDRESS 18678 Countryman Ave	
CITY-ST-ZIP PORT CHARLOTTE FL 33948		CITY-ST-ZIP Port Charlotte, FL 33948	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 files empowered.

SIGNATURE: *Sally Jaghab, Secy.* 1/26/04 941-613-2999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #