

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000069768

1. Entity Name
THE RUG SOURCE INC



Principal Place of Business
18678 COUNTRYMAN AVE.
PORT CHARLOTTE, FL 33948

Mailing Address
18678 COUNTRYMAN AVE.
PORT CHARLOTTE, FL 33948



01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0888115

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JAGHAB, CHARLES
18678 COUNTRYMAN AVE.
PORT CHARLOTTE, FL 33948

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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
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	PTD
NAME	JAGHAB, CHARLES
STREET ADDRESS	18678 COUNTRYMAN AVE.
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948
TITLE	VP
NAME	JAGHAB, SALLY
STREET ADDRESS	18678 COUNTRYMAN AVE.
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11/18/05-80005-007 150.00

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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)(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:

Sally Jaghab
SALLY JAGHAB

1/15/05 941-613-2999

Date

Daytime Phone #