

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000093890 1. Entity Name TOM'S CARPET SERVICE, INC.	
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Principal Place of Business 3613 WEST TAMPA CIRCLE TAMPA, FL 33629	Mailing Address 3613 WEST TAMPA CIRCLE TAMPA, FL 33629
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04092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3551306	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AGSTER, RICHARD S ESQ. 3602 WEST EUCLID AVENUE TAMPA, FL 33629
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**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 rechartering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

UD00000506344
04/27/06-80044-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO ROBINETTE, STEPHEN W SR. 3613 WEST TAMPA CIRCLE TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TYLISZ, VIOLET W SR. 3613 WEST TAMPA CIRCLE TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBINETTE, CHERYL 3613 WEST TAMPA CIRCLE TAMPA, FL 33629
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: Clayton Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/06 (813) 831-0129
Date Daytime Phone #