2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000093890

1. Entity Name
TOM'S CARPET SERVICE, INC.

Principal Place of Business	Mailing Address
3613 WEST TAMPA CIRCLE TAMPA, FL 33629	3613 WEST TAMPA CIRCLE TAMPA, FL 33629

04202008 No Chg-P CR2E034 (11/05)

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	ROBINETTE, STEPHEN W SR.
STREET ADDRESS	3613 WEST TAMPA CIRCLE
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	SD
NAME	TYLISZ, VIOLET W SR.
STREET ADDRESS	3613 WEST TAMPA CIRCLE
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	TD
NAME	ROBINETTE, CHERYL
STREET ADDRESS	3613 WEST TAMPA CIRCLE
CITY-ST-ZIP	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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05/23/08-80035-015 150.00

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: C Robinette 4/25/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #