

FILED
Jun 22, 2006 8:00 am
Secretary of State

05-11-2006 90245 032 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000009177

1. Entity Name
TRIO CARPET, INC.



Principal Place of Business
4774 N.E. 11TH AVE.
OAKLAND PARK, FL 33334

Mailing Address
4774 N.E. 11TH AVE.
OAKLAND PARK, FL 33334

66020434



DO NOT WRITE IN THIS SPACE

03292006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0894510

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

WARRENDER, KEVIN
4774 N.E. 11TH AVE.
OAKLAND PARK, FL 33334

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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]

(NOTE: Registered Agent signature required when reappointing)

5-1-06

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
WARRENDER, KEVIN
4774 N.E. 11TH AVE.
OAKLAND PARK, FL 33334

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CANFIELD, RICHARD
4774 N.E. 11TH AVE.
OAKLAND PARK, FL 33334

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

951/351-8999
Daytime Phone