

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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FILED
May 06, 2008 8:00 am
Secretary of State

04-14-2008 90069 046 ***150.00

DOCUMENT # P99000009177 1. Entity Name TRIO CARPET, INC.	
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Principal Place of Business 4774 N.E. 11TH AVE. OAKLAND PARK, FL 33334	Mailing Address 4774 N.E. 11TH AVE. OAKLAND PARK, FL 33334
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66009802



03202008 No Chg-P CR2E034 (11/05)

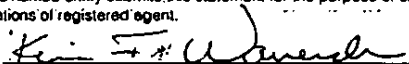
DO NOT WRITE IN THIS SPACE

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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**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.

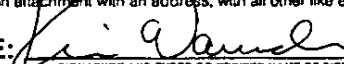
SIGNATURE  (NOTE: Registered Agent signature required when reissuing) 3-31-08
DATE

FILE NOW!!! FEE IS: \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:  5-2-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #