2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000014866 05-03-2006 90236 015 ***150.00 1. Entity Name J & R CARPETS, INC. Principal Place of Business Mailing Address 40082462 10401 US 19 10401 US 19 PORT RICHEY, FL 34668 PORT RICHEY, FL 34668 2. Principal Place of Business 3. Mailing Address 10346 Chevron Court Suite, Apt. #, etc. Suite, Apt. #, etc. 04132006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For New Port Richa 59-3556958 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KELLY, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 12811 CANDLEWOOD WAY HUDSON, FL 34667 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11-11. DPST TITLE ☐ Delete TITLE **⊠** Change KELLY, RICHARD A NAME 10346 Candlewood Court NAME STREET ADORESS 12811 CANDLEWOOD WAY STREET ADDRESS New Port Richey FL 34654 CITY-ST-ZIP **HUDSON, FL 34667** CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ТЛІБ Delete TOLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 times the property of the corporation of the corporati SIGNATURE: \(\frac{\fint}{\fint}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}{\frac{\fignet{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fir}}}}}}{\frac{\frac{\frac{\frac{\frac{ IGNING OFFICER OR DIRECT Davirne Phone

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May 03, 2006 8:00 am Secretary of State