

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000052143

1. Entity Name
THE CARPET MARKET, INC.

CPTMKR@NEW.GCCOXMAIL.COM



FILED
11 MAY 20 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8963 PENSACOLA BOULEVARD
PENSACOLA, FL 32534

Mailing Address
8963 PENSACOLA BOULEVARD
PENSACOLA, FL 32534

2. Principal Place of Business - No P.O. Box #
8344 LILLIAN HWY

3. Mailing Address
8344 LILLIAN HWY

Suite, Apt. #, etc.



04262011 Chg-P CR2E034 (11/08)

City & State
PENSACOLA, FL

City & State
PENSACOLA, FL

Zip
32506

Country

Zip
32506

Country

4. FEI Number
59-3582367

Applied For
☐ Additional Fee Required

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

6. Name and Address of Current Registered Agent
WILLIAMS, R D
5735 AVENIDA MARINA
PENSACOLA, FL 32504

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
6395 DUQUESNE
City PENSACOLA FL Zip Code 32504

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] DATE: 5/16/11

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2011 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, R.D. 5735 AVENIDA MARINA PENSACOLA, FL 32504	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6395 DUQUESNE PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300205009113 04/27/11--01012--003 **150.00
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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] DATE: 5/16/11

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-478-5555