

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90236 012 ***150.00

DOCUMENT # P99000111355

1. Entity Name
MARTY SHEPARD CARPET INC



Principal Place of Business
**1239 MARGINA AVE
DAYTONA BEACH, FL 32114**

Mailing Address
**1239 MARGINA AVE
DAYTONA BEACH, FL 32114**

14011089



2. Principal Place of Business
1040 GREEB ACRES CIR. S
Suite, Apt. #, etc.

3. Mailing Address
1040 GREEN ACRES CIR. S.
Suite, Apt. #, etc.

02062004 Chg-P CR2E034 (10/03)

City & State
SOUTH DAYTONA, FL.
Zip **32119** Country **USA**

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SOUTH DAYTONA, FL.
Zip **32119** Country **USA**

4. FEI Number
59-3615655
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHEPARD, MARTIN G
1239 MARGINA AVE
DAYTONA BEACH, FL 32114**

7. Name and Address of New Registered Agent

Name
SHEPARD, MARTIN G
Street Address (P.O. Box Number is Not Acceptable)
1040 GREEN ACRES CIRCLE SOUTH
City **SOUTH DAYTONA** **FL** Zip Code **32119**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SHEPARD, MARTIN**
STREET ADDRESS **1239 MARGINA AVE**
CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP, P** ☒ Change ☐ Addition
NAME **SHEPARD, MARTIN G**
STREET ADDRESS **1040 GREEN ACRES CIRCLE SOUTH**
CITY-ST-ZIP **SOUTH DAYTONA, FLORIDA 32119**

TITLE ☐ Change ☒ Addition
NAME **ST SHEPARD, KATHLEEN**
STREET ADDRESS **1040 GREEN ACRES CIRCLE SOUTH**
CITY-ST-ZIP **SOUTH DAYTONA, FLORIDA 32119**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Martin G. Shepard Martin G. Shepard 2-9-04 386-212-8210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #