

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90139 031 ***150.00

DOCUMENT # S27318

1. Entity Name
CHAMPION CARPETS, INC.



Principal Place of Business
**519 SOUTHWEST PARK ST.
OKEECHOBEE, FL 34972-4144**

Mailing Address
**519 SOUTHWEST PARK ST. PO Box 2032
OKEECHOBEE, FL 34972-4144
34973-2032**



04182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2638131

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHAMPION, BILLY W.
519 SOUTHWEST PARK ST.
OKEECHOBEE, FL 34974**

**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 *Billy W. Champion President Bill Champion*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4-18-05
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DPC**
NAME **CHAMPION, BILLY W.**
STREET ADDRESS **519 SW PARK ST. PO. Box 2032**
CITY-ST-ZIP **OKEECHOBEE, FL 34973-2032**

TITLE **DVPT**
NAME **CHAMPION, REGINA A.**
STREET ADDRESS **518 SW PARK ST. PO. Box 2032**
CITY-ST-ZIP **OKEECHOBEE, FL 34973-2032**

TITLE
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IN THIS SPACE**

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: *Billy W. Champion Bill Champion*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-05
Date

863-467-2126
Daytime Phone #