

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90861 016 ***150.00

DOCUMENT # S27318

1. Entity Name
CHAMPION CARPETS, INC.



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

Mailing Address
**PO BOX 2032
OKEECHOBEE, FL 34973**

60045911



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

3. Mailing Address

04262007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.
808 N. Parrott Ave.

Suite, Apt. #, etc.

City & State
Okeechobee, Fla.

City & State

4. FEI Number
65-0256166

Applied For
Not Applicable

Zip
34972

Country
Okeechobee

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Champion Billy W.

Street Address (P.O. Box Number is Not Acceptable)

808 N. Parrott Ave.

City **Okeechobee** **FL** Zip Code **34972**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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** ☐ Delete
NAME **CHAMPION, BILLY W.**
STREET ADDRESS **PO BOX 2032**
CITY-ST-ZIP **OKEECHOBEE, FL 34973**

TITLE **DVPT** ☐ Delete
NAME **CHAMPION, REGINA A.**
STREET ADDRESS **PO BOX 2032**
CITY-ST-ZIP **OKEECHOBEE, FL 34973**

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

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

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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 like empowered.

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

4-27-07 *863-763-8346*
Date Daytime Phone #