


FILED
Feb 07, 2008 8:00 am
Secretary of State

01-11-2008 90036 002 ***158.75

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S61127 1. Entity Name CARPET IMAGE SERVICES, INC.	
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Principal Place of Business 3615 SOUTHSIDE BLVD JACKSONVILLE, FL 32216	Mailing Address 3615 SOUTHSIDE BLVD JACKSONVILLE, FL 32216
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66000856



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3075535	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

AHERN, FRED L, JR
2215 S THIRD ST #101
JACKSONVILLE BEACH, FL 32250

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO WILCOX, RICHARD D 3615 SOUTHSIDE BLVD JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COTE', KELLY 3615 SOUTHSIDE BLVD. JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS HOLT, PAGE 1539 BENTIN DRIVE N. JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T COTE', LANCE P 3615 SOUTHSIDE BLVD. JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(DATE)

Daytime Phone #