2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S90829

Address:

City-St-Zip:

13374 SE 108 AVE

OKLAWAHA, FL 32179

Entity Name: REEDY CARPETS OF OCALA, INC.

FILED May 02, 2007 Secretary of State

•	,			
Current P	rincipal Place of Business:	New Principal Place of Business:		
2419 SW 2 OCALA, FI		2135 S.W. 19TH AVE. RD. OCALA, FL 34474 US		
Current M	lailing Address:	New Mailing Address:		
2419 SW 2 OCALA, FI		2135 S.W. 19TH AVE. RD. #106 OCALA, FL 34474 US		
FEI Number:	: 59-3091196 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Des	ired()	
Name and	Address of Current Registered Ager	nt: Name and Address of New Registered Agent	Name and Address of New Registered Agent:	
KUTZ, CLE 7808 NW (OCALA, FI	56TH PL			
	named entity submits this statement for e of Florida.	the purpose of changing its registered office or registered ager	nt, or both,	
SIGNATUR				
	Electronic Signature of Registere	d Agent Date		
	ce with s. 607.193(2)(b), F.S., the corporation mpaign Financing Trust Fund Contribution()			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PV () Delete KUTZ, CLEMEN L 7808 NW 56TH PL OCALA, FL 34482	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	ST () Delete KUTZ, LILIAN M 7808 NW 56TH PL OCALA, FL 34482	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	VP () Delete KUTZ, SCOTT R 7808 NW 56TH PL OCALA, FL 34482	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name:	VP () Delete KUTZ, ERIC L	Title: () Change () Addition Name:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: CLEMEN L. KUTZ **PRES** 05/02/2007