


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90007 016 ***150.00

DOCUMENT # S96820	
1. Entity Name LIFESTYLE CARPETS OF SOUTHWEST FLORIDA, INC.	

40039809



01172007 Chg-P CR2E034 (12/06)

Principal Place of Business 5893 ENTERPRISE PKWY A FT.MYERS, FL 33905 US		Mailing Address 5893 ENTERPRISE PKWY A FT MEYERS, FL 33905 US	
2. Principal Place of Business - No P.O. Box # 5582 Lee Street Suite, Apt. #, etc. #2 City & State Lehigh Acres, FL Zip 33971 Country USA		3. Mailing Address 5582 Lee Street Suite, Apt. #, etc. Suite #2 City & State Lehigh Acres, FL Zip 33971 Country USA	

4. FEI Number 59-3155504	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GIBSON, MAURICE B JR. 5893-A ENTERPRISE PKWY FT MYERS, FL 33905		7. Name and Address of New Registered Agent Name MAURICE B GIBSON, JR Street Address (P.O. Box Number is Not Acceptable) 5582 Lee Street #2 City Lehigh Acres FL Zip Code 33971	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIBSON, MAURICE 5893 A ENTERPRISE PKWY FT. MYERS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5582 Lee Street #2 Lehigh Acres, FL 33971
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GIBSON, SANDRA J 5893 A ENTERPRISE PKWY FT. MYERS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5582 Lee Street #2 Lehigh Acres, FL 33971
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  3/21/07 (239) 303-3575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #