


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # V22784 1. Entity Name CENTRAL CITIES CARPET, INC.	
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Principal Place of Business 108 S. JOHN YOUNG PKWY KISSIMMEE, FL 34741	Mailing Address 108 S. JOHN YOUNG PKWY KISSIMMEE, FL 34741
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03102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3117215	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARBER, SHARON A.
 108 S. JOHN YOUNG PKWY
 KISSIMMEE, FL 34741

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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 _____ 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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BARBER, JAMES L.
STREET ADDRESS	3020 TOHOPEKALIGA AVE.
CITY- ST- ZIP	ST. CLOUD, FL
TITLE	S
NAME	BARBER, SHARON A.
STREET ADDRESS	3020 TOHOPEKALIGA AVE.
CITY- ST- ZIP	ST. CLOUD, FL
TITLE	T
NAME	CHAMBERS, LINDELL W.
STREET ADDRESS	4410 INDIANOLA AVE.
CITY- ST- ZIP	ST. CLOUD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

05/03/04-80006-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Sharon Barber SHARON A. Barber 4-29-04 407-842-9893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #