2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 06, 2008 08:00 AM Secretary of State

				ن مسخ	•	Correta	irw of Sta	
DOCUMENT # V32010 1. Entity Name DRUCKMAN'S CARPET SERVICE, INC.					Secretary of Sta			
	·							
% RICHARD 1016 SAND	ce of Business DRUCKMAN Y TERRACE CT. GE, FL 32129	Maiting Address % RICHARD DRUCKMAN 1016 SANDY TERRACE CT. PORT ORANGE, FL 32129		.			I KARK BARKADI II KUTI	
<u> </u>	OO NOT WRITE	IN THIS SPA	CF	0119200	8 No Chg-P	CR2E034 (
_					115933	\$R	Not Applicable 75 Additional	
	C. Name and Address of Current Do	Natarad Agent	T	5. Certifica	ate of Status Desired		Required	
6. Name and Address of Current Registered Agent DRUCKMAN, RICHARD 1016 SANDY TERRACE CT. PORT ORANGE, FL 32119				•	NOT W			
the obligat	e named entity submits this statement for the tions of registered agent.	e purpose of changing its register	ed office or reg	gistered agent, or l	ooth, in the State of Fi	orida. I am famili	ar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and the	tte if applicable. (NOTE: Registere	id Agent signature re	iquired when reinstating)		DATE DOOL DOOD		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				\$5.00 May Be Added to Fees	02/15/0	8-80010-()11 150.00	
10.	OFFICERS AND DIR	ECTORS			,		-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DRUCKMAN, RICHARD 1016 SANDY TERRACE CT. PORT ORANGE, FL 32129				·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DRUCKMAN, RICHARD 1016 SANDY TERRACE CT. PORT ORANGE, FL 32129							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DC	NOT W	/RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SI	PACE		
TITLE NAME STREET ADDRESS				,			·	

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

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

RICHARD R DRUCKMAN

2/08 386 405 2530