


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2004 8:00 am
Secretary of State

09-14-2004 90002 048 ***550.00

DOCUMENT # P02000013376

1. Entity Name
ABOVE AND BEYOND CARPET CARE AND RESTORATION, INC.



Principal Place of Business Mailing Address

**2419 NW 93RD STREET
 GAINESVILLE, FL 32606** **2419 NW 93RD STREET
 GAINESVILLE, FL 32606**

DO NOT WRITE IN THIS SPACE



08172004 No Chg-P CR2E034 (10/03)

4. FEI Number 80-0037360	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FINNEGAN, LEITH
 2419 NW 93RD STREET
 GAINESVILLE, FL 32606**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
 Due by September 8, 2004**

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	P PINNEGAN, LEITH 2419 NW 93 ST. GAINESVILLE, FL 32606
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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)(i), 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 another like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/04
 Date Daytime Phone #