

2006 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000075649

1. Entity Name
WP CARPET CARE, INC.



Principal Place of Business
 2940 2ND STREET NE
 NAPLES, FL 34120

Mailing Address
 2940 2ND STREET NE
 NAPLES, FL 34120



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **20-0138362** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LITKA, WARREN
 2940 2ND STREET NE
 NAPLES, FL 34120

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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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000410944
 02/09/06 80057-013 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LITKA, WARREN 2940 2ND STREET NE NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT LITKA, PHYLLIS 2940 2ND STREET NE NAPLES, FL 34120
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 empowers.

SIGNATURE: *Phyllis A. Litka*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-06 *239455-7452*
Date Daytime Phone #