

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000011912

FILED
Jul 25, 2006
Secretary of State

Entity Name: ABSOLUTE CARPET CARE SERVICES, INC.

Current Principal Place of Business:

8243 CHERYL ANN LN.
JACKSONVILLE, FL 32244

New Principal Place of Business:

865 THOROUGHBRED DRIVE
ORANGE PARK, FL 32065

Current Mailing Address:

8243 CHERYL ANN LN.
JACKSONVILLE, FL 32244

New Mailing Address:

865 THOROUGHBRED DRIVE
ORANGE PARK, FL 32065

FEI Number: 65-1241302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY ROAD
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: COLEMAN, BRUCE G SR.
Address: 8243 CHERYL ANN LN.
City-St-Zip: JACKSONVILLE, FL 32244

Title: DV () Delete
Name: COLEMAN, BRUCE G JR.
Address: 8243 CHERYL ANN LN.
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: COLEMAN, BRUCE G SR.
Address: 865 THOROUGHBRED DRIVE
City-St-Zip: ORANGE PARK, FL 32065

Title: DV (X) Change () Addition
Name: COLEMAN, BRUCE G JR.
Address: 865 THOROUGHBRED DRIVE
City-St-Zip: ORANGE PARK, FL 32065

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE G. COLEMAN, JR.

VP

07/25/2006

Electronic Signature of Signing Officer or Director

Date