


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90028 008 ***150.00

DOCUMENT # P99000105447

1. Entity Name
ART'S CARPET CLEANING, INC.



Principal Place of Business Mailing Address

120 IMPERIAL HGTS. DR. **120 IMPERIAL HGTS. DR.**
ORMOND BEACH, FL 32176 **ORMOND BEACH, FL 32176**

40004227

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. **2587 JOHN ANDERSON DR**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
ORMOND BEACH FL

Zip Country Zip Country
32176 **FLORIDA** **32176** **FLORIDA**



01192005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

NUTT, JANET K
129 IMPERIAL HEIGHTS DR.
ORMOND BEACH, FL 32176

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2587 JOHN ANDERSON DR

City State Zip Code
ORMOND BEACH **FL** **32176**

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: *Janet K. Nutt* **JANET K. NUTT S** DATE: **1-19-05**

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, 2005 Fee will be \$550.00

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	PCEO NUTT, JANET K 129 IMPERIAL HGTS DR ORMOND BEACH, FL 32176 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NUTT, ROGER L 129 IMPERIAL HGTS DR ORMOND BEACH, FL 32176 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO CHRISTOPHER T. SUMMERS 120 IMPERIAL HGTS. DR ORMOND BEACH FL 32176 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: *Janet K. Nutt* **JANET K. NUTT** *Christopher T. Summers* **CHRISTOPHER T. SUMMERS** DATE: **1-19-05** DAYTIME PHONE #: **(386) 4415852**

Signature and typed or printed name of signing officer or director. Date Daytime Phone #