



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 16, 2007 08:00 AM
Secretary of State**

DOCUMENT # S58901 1. Entity Name K & J CARPET CLEANING, INC.			
Principal Place of Business 3715 SOUTH SHADE AVENUE SARASOTA, FL 34239		Mailing Address 3715 SOUTH SHADE AVENUE SARASOTA, FL 34239	
DO NOT WRITE IN THIS SPACE			
		03012007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0264978	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent THORESEN, STEVE 3715 SOUTH SHADE AVENUE SARASOTA, FL 34239			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 \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000706653 04/24/07-80044-005 150.00	
TITLE	D		
NAME	THORESEN, STEVE		
STREET ADDRESS	3715 S. SHADE AVE.		
CITY - ST - ZIP	SARASOTA, FL		
TITLE	D		
NAME	THORESEN, PATTY		
STREET ADDRESS	3715 S. SHADE AVE.		
CITY - ST - ZIP	SARASOTA, FL		
TITLE			
NAME			
STREET ADDRESS			
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CITY - ST - ZIP			
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: <i>Steve Thoresen</i> 4-14-07		PATTY A THORESEN 941-954-5146	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	