

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90048 026 ***150.00

DOCUMENT # 543877

1. Entity Name

CUSTOM CARPET CARE, INC.



Principal Place of Business

543 N. HWY. 17-92
LONGWOOD FL 32750

Mailing Address

543 N. US HIGHWAY 17/92
LONGWOOD FL 32750
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-1807493**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AUBILL, EDWARD R
545 HWY 17-92 N
LONGWOOD FL 32750

Name **FANNIE M Aubill**
Street Address (P.O. Box Number is Not Acceptable)

2011-N. Spring Garden Ave
City **Deland** **FL** Zip Code **32720**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME **D** ☒ Delete
AUBILL, EDWARD R
STREET ADDRESS **2011 N SPRING GARDEN AVE.**
CITY- ST- ZIP **DELAND FL 32720**

TITLE NAME **SD** ☐ Delete
AUBILL, FANNIE M
STREET ADDRESS **2011 N SPRING GARDEN AVE.**
CITY- ST- ZIP **DELAND FL 32720**

TITLE NAME **T** ☐ Delete
RICE, BRUCE A
STREET ADDRESS **531 N HWY 17-92**
CITY- ST- ZIP **LONGWOOD FL**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **FANNIE Aubill** **FANNIE Aubill** **1/26/07** **407-699-4300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #