2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #687851

1. Entity Name

CLASSIC CARE CARPET CLEANING COMPANY



FILED Apr 07, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

1580 ARDEN STREET LONGWOOD, FL 32750 1580 ARDEN STREET LONGWOOD, FL 32750



DO NOT WRITE IN THIS SPACE

04042008 No Chg-P CR2E034 (11/05)

4.	FEI Number	•	<u> </u>	Applied For
	52-1196727			Not Applicable
5.	Certificate of Status Desired		\$8.75	Additional quired

6. Name and Address of Current Registered Agent

HUTCHINSON, E. THOMAS 1580 ARDEN STREET LONGWOOD, FL 32750

SIGNATURE:

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								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees	U00000885659			
10.	OFFICERS AND DIREC	TORS			04/18/05-50023-002 150.00			
TITLE NAME STREET AOORESS CITY-ST-ZIP	P HUTCHINSON, E. THOMAS 1580 ARDEN ST. LONGWOOD, FL				·			
THLE NAME STREET ADDRESS CITY-ST-ZIP	V HUTCHINSON, CYNTYHIA J. 1580 ARDEN ST. LONGWOOD, FL							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP.								
12. I hereby certify that the information supplied with this filling 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.								