

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000003546

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Entity Name:** PROFESSIONAL CARPET & UPHOLSTERY CARE INC.

**Current Principal Place of Business:**

1831 W. OAK PKWY., STE A  
MARIETTA, GA 33062

**New Principal Place of Business:**

501 S. FALKENBURG RD  
STE E-17  
TAMPA, FL 33619

**Current Mailing Address:**

1831 W. OAK PKWY., STE A  
MARIETTA, GA 33062

**New Mailing Address:**

1831 W. OAK PKWY., STE A  
MARIETTA, GA 30062

**FEI Number:** 27-1245761

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLE, GREGORY R  
501 S. FALKENBURG ROAD  
SUITE E-17  
TAMPA, FL 33619 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: COLE, GREGORY R  
Address: 501 S FALKENBURG ROAD STE E-17  
City-St-Zip: TAMPA, FL 33619

I hereby 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 all other like empowered.

SIGNATURE: GREGORY COLE

P

03/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date