


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J38804</b> 1. Entity Name ROYAL CARPET CLEANING, INC.	
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Principal Place of Business 6203 SE ORANGE BLOSSOM TRAIL PO BOX 1070 PORT SALERNO, FL 34992 US	Mailing Address 6203 SE ORANGE BLOSSOM TRAIL P.O. BOX 1070 PORT SALERNO, FL 34992 US
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01052008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2725175	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  REIMANN, STEVEN J. 6203 SE ORANGE BLOSSOM TRAIL HOBE SOUND, FL 33455
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP REIMANN, STEVE 6203 SE ORANGE BLOSSOM TRAIL HOBE SOUND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REIMANN, JEAN 6203 SE ORANGE BLOSSOM TRAIL HOBE SOUND, FL
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01/09/08-80052-019 150.00

**DO NOT WRITE  
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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.

<b>SIGNATURE:</b> <u>Steven J. Reimann</u> <b>STEVEN J. REIMANN DP</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>1/5/08</u> <small>Date</small>	<u>772-283-3300</u> <small>Daytime Phone #</small>
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