

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90042 021 ***150.00

DOCUMENT # K68351

1. Entity Name
SUNSHINE CARPET CARE OF PALM BEACH, INC.



Principal Place of Business **22231 CAMEO DR EAST**
~~698 CARRIAGE HILL LANE~~
~~BOCA RATON, FL 33486~~ US
33433

Mailing Address
P.O. BOX 27-6309
BOCA RATON, FL 33427-6309 US



02152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|---|--|
| 4. FEI Number 65-0106457 | 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

TOPEL, JAY
~~698 SW 14TH STREET~~ **22231 CAMEO DR EAST**
~~BOCA RATON, FL 33486~~ **33433**

**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 signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P TOPEL, JAY 698 SW 14TH STREET 22231 CAMEO DR EAST BOCA RATON, FL 33486 33433 |
|--|---|

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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP TOPEL, SANDRA 698 SW 14TH STREET 700 NE 4th ST BOCA RATON, FL 33486 33432 |
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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26-08

Date

Daytime Phone #

561-391-4823