

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L77313

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** CLASSIC CARPET CARE OF VOLUSIA COUNTY, INC.

**Current Principal Place of Business:**

154 MAGNOLIA LOOP  
PORT ORANGE, FL 32128

**New Principal Place of Business:**

**Current Mailing Address:**

154 MAGNOLIA LOOP  
PORT ORANGE, FL 32128

**New Mailing Address:**

**FEI Number:** 59-3011526

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARTER, MARYANN  
154 MAGNOLIA LOOP  
PORT ORANGE, FL 32128 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: D  
Name: LUCE, JOHN H. JR.  
Address: 154 MAGNOLIA LOOP  
City-St-Zip: PORT ORANGE, FL 32128

Title: D  
Name: LUCE, MARYANN  
Address: 154 MAGNOLIA LOOP  
City-St-Zip: PORT ORANGE, FL 32128

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: MARYANN LUCE

SEC

04/18/2011

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

\_\_\_\_\_ Date