# 2007 FOR PROFIT RPORATION ANNUAL PORT

#### **DOCUMENT # M64729**

1. Entity Name
JEFFREY G. CARPET CARE, INC.



Principal Place of Business

% JEFFREY GRODENCHIK 10140 MARLIN DR. BOCA RATON, FL 33428 Mailing Address

% JEFFREY GRODENCHIK 10140 MARLIN DR. BOCA RATON, FL 33428

### FILED Jan 11, 2007 08:00 AM Secretary of State



DO	NOT	WRITE	IN	THIS	SPACE

01042007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Not Applied be September 65-0022373 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Name and Address of Current Registered Agent
 HIK, JEFFREY

GRODENCHIK, JEFFREY 10140 MARLIN DR. BOCA RATON, FL 33428

### 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 in	f applicable (NOTE: Registered Agen	t signature	required when reinstating)	DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees						
10. OFFICERS AND DIRECTORS										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRODENCHIK, JEFFREY 10140 MARLIN DR. BOCA RATON, FL									
TITLE NAME STREET ADDRESS CITY-ST-ZIP					01/11/07-80070-008 150.00					
TITLE NAME										

## DO NOT WRITE IN THIS SPACE

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 if it 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 of trustree employered to execute this report 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; which all other the employered.

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GRODENCHIK

1-7-07

561487275

Daytime Phone #