

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90016 023 ***150.00

DOCUMENT # P00000001083

1. Entity Name
CROWN CARPET CLEANING, INC.



Principal Place of Business
15661 JOHN MORRIS RD.
FORT MYERS, FL 33908

Mailing Address
PO BOX 1392
SANIBEL, FL 33957

54016628



2. Principal Place of Business

3. Mailing Address

PO BOX 6157

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092004

Chg-P

CR2E034 (10/03)

City & State

City & State
VERO BEACH, FL

4. FEI Number
65-0968388

Applied For
Not Applicable

Zip

Country

Zip
33961

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLASING, JANE P
15661 JOHN MORRIS RD.
FORT MYERS, FL 33908

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD KLASING, Jane P. ☐ Delete
KLESSING, JAMES P.
15661 JOHN MORRIS RD.
FORT MYERS, FL 33908

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
KLASING, Jane P. ☒ Change ☐ Addition
Your type + ypo

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SKLASING, JOHN A ☐ Delete
KLESSING, JOHN A
15661 JOHN MORRIS RD.
FORT MYERS, FL 33908

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
KLASING, John A. ☒ Change ☐ Addition
Your type + ypo

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jane P. KLASING Jane P. KLASING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239-340-8687
8/5/04 772-299-0385
Date Daytime Phone #