

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90076 009 ***150.00

DOCUMENT # P00000007635 1. Entity Name HYDRO-RINSE CARPET CLEANING SPECIALISTS, INC.																													
Principal Place of Business 1500 SW 30TH AVENUE # 6 BOYNTON BEACH, FL 33426			Mailing Address 1500 SW 30TH AVENUE # 6 BOYNTON BEACH, FL 33426																										
2. Principal Place of Business - No P.O. Box # 6700 Hatteras Drive Suite, Apt. #, etc.		3. Mailing Address P.O. Box 336 Suite, Apt. #, etc. Boynton Bch Flg																											
City & State Lake Worth, Flg		City & State Boynton Bch Flg		4. FEI Number 65-0028310																									
Zip 33467		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent MARTIN, PHILIP R 1500 SW 30TH AVENUE # 6 BOYNTON BEACH, FL 33426			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																										
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. _____ DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MARTIN, PHILIP R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1500 SW 30TH AVENUE # 6</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOYNTON BEACH, FL 33426</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	MARTIN, PHILIP R		STREET ADDRESS	1500 SW 30TH AVENUE # 6		CITY-ST-ZIP	BOYNTON BEACH, FL 33426		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">Pres Philip Martin</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>6700 Hatteras Drive</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Lake Worth, Flg</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>33467</td> <td></td> </tr> </table>			TITLE	Pres Philip Martin	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	6700 Hatteras Drive		STREET ADDRESS	Lake Worth, Flg		CITY-ST-ZIP	33467	
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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.																													
SIGNATURE: <u>Philip Martin</u> 30 April 07 (561) 358-9760 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																													