2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000030234

1. Entity Name

BLUE RIBBON CARPET CLEANING INC.



Principal Place of Business

Mailing Address

10435 TODD CIRCLE SEMINOLE, FL 33778 10435 TODD CIRCLE SEMINOLE, FL 33778

FILED Feb 03, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01242006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3652125

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LURA, DAVID A 10435 TODD CIRCLE SEMINOLE, FL 33778

DO NOT WRITE IN THIS SPACE

				IN	INIS SPACE
	named entity submits this statement for the pulpos of registered agent.	urpose of changing its registered o	iffice or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered egent and title if	applicable . (NOTE: Registered Apr	ภา ใ รญาว สในเค	required when reinstating)	- DAFE
		Election Campaign Financing Trust Fund Contribution.	9 🗆	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LURA, DAVID A 10435 TODD CIRCLE SEMINOLE, FL 33778				,
NAME STREET ADDRESS CITY-ST-ZIP					000000417592 02/13/06-60964-005 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ABORESS CITY-ST-ZIP				IN T	THIS SPACE
name Street address City-St-Zip					
TITLE					

12. I hereby certify that the information supplied with this tilling 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-06

539-0499 Davima Phone 7