


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000050715</b> 1. Entity Name <b>ANGELS TOUCH CARPET AND UPHOLSTERY CLEANING, INC.</b>					
Principal Place of Business <b>190 WILDERNESS TRAIL CRESCENT CITY FL 32112</b>			Mailing Address <b>PO BOX 4071 SAINT AUGUSTINE FL 32085</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>DUFFIELD, ROBERT L 190 WILDERNESS TRAIL CRESCENT CITY FL 32112</b>			<b>7. Name and Address of New Registered Agent</b>  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____  City _____ <b>FL</b> Zip Code _____		
<b>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</b>					
SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			<b>9. Election Campaign Financing</b> <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD DUFFIELD, ROBERT L 190 WILDERNESS TRAIL CRESCENT CITY FL 32112		TITLE NAME STREET ADDRESS CITY - ST - ZIP	1100000552273 05/15/06-80004-021 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT DUFFIELD, DORA 190 WILDERNESS TRAIL CRESCENT CITY FL 32112		TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____		TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____		TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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</b>					
<b>SIGNATURE:</b> <i>Robert L Duffield</i>			4/25/06 904-759-3877		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

