

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 15, 2007 08:00 A
Secretary of State

DOCUMENT # P00000050715

1. Entity Name

ANGELS TOUCH CARPET AND UPHOLSTERY CLEANING, INC.



Principal Place of Business
190 WILDERNESS TRAIL
CRESCENT CITY FL 32112

Mailing Address
PO BOX 4071
SAINT AUGUSTINE FL 32085



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3649315

Applied For
Not Applicable

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

DUFFIELD, ROBERT L
190 WILDERNESS TRAIL
CRESCENT CITY FL 32112

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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
PSD
DUFFIELD, ROBERT L
190 WILDERNESS TRAIL
CRESCENT CITY FL 32112 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
U000000764343
05/30/07-80058-022 150.00 ☐ Change ☐ Addition

TITLE
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DUFFIELD, DORA
190 WILDERNESS TRAIL
CRESCENT CITY FL 32112 ☐ Delete

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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 empowerment.

SIGNATURE:

Robert L. Duffield

April 25, 2007

904-759-3877