## FILED Jun 11, 2007 8:00 am Secretary of State 05-14-2007 90069 034 \*\*\*150.00

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

| 1. Entity Nam  | MENT # P000000524<br>'s carpet care, inc.                            | 404                                   |                       | 03-14-2007 9000  | 39 034 *** 130.00          |
|--|--|---------------------------------------|-----------------------|--|----------------------------|
|  | e of Business  | Mailing Address                       |                       |  |                            |
| : 4605 NW 6 5<br>⊟ H   | STREET   | 4605 NW 6 STREET<br>H                 | ,                     | 66018570   |                            |
| GAINESVILLE  | E, FL 32609  | GAINESVILLE, FL 32609                 | . :                   |  | TALIMATA MANAKA .          |
| 05012007 No Chg-P CR2E034 (11/05)  |  |                                       |                       |  |                            |
| DO NOT WRITE IN THIS SPACE   |  |                                       | CE 🛒                  | 4. FEI Number 59-3313452   | Applied For Not Applicable |
| ing the state of t |  |                                       | • .                   | 5. Certificate of Status Desired   | \$8.75 Additional          |
| 6. Name and Address of Current Registered Agent  |  |                                       |                       |  | Fee Required               |
| DREYER, JONATHAN<br>4605 N.W. 6 ST. SUITE H<br>GAINESVILLE; FL-32609 -   |  |                                       | lag                   | DO NOT WRITI   | <b>E</b>                   |
|  |  |                                       |                       | IN THIS SPACE  |                            |
|  |  |                                       |                       |  |                            |
| 8. The above<br>the obligat  | named entity submits this statement for titions of registered agent. | he purpose of changing its registers  | ed office or register | ed agent, or both, in the State of Florida. I am   | familiar with, and accept  |
| SIGNATURE    Signature   Typed or printed name of registered agent and late if applicable. (NOTE: Registered Agent signature required when reinstance)  DATE   |  |                                       |                       |  |                            |
| FILE NOWIII FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees   |  |                                       |                       |  |                            |
| 10.  | OFFICERS AND D   | IRECTORS                              |                       |  | 4.1                        |
| NAME   | DREYER, JONATHAN   |                                       |                       | and the second s |                            |
| STREET ACCRESS CITY-ST-ZIP   | 4605 NW 6 STREET<br>GAINESVILLE, FL 32609                            |                                       |                       |  | r! , , , , , , ,           |
| TITLE  |  |                                       |                       |  |                            |
| NAME<br>STREET ADDRESS   |  |                                       | <b>.</b>              |  | 1                          |
| CITY-S1-ZIP  |  |                                       | s e c                 | Company of the second  | i e e e e                  |
| TITLE<br>NAME  |  |                                       | 79 1 W . 5            | Carrier Commence   |                            |
| STREET ADDRESS   |  |                                       | is an existing state  | -DO NOT-WRITE  | E                          |
| -TITLE   |  | <del></del>                           |                       | INTERPRETATION OF THE  |                            |
| NAME<br>STREET ADDRESS   |  |                                       |                       | IN THIS SPACE  |                            |
| CITY-ST-ZIP  |  | · · · · · · · · · · · · · · · · · · · |                       |  |                            |
| NAME   |  |                                       | • • • • •             |  | 4                          |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |                                       | market for the        | san page 1   |                            |
| TITLE  |  |                                       | 10 / A                |  | ±                          |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |                                       | ar y                  | e glassing of the second   |                            |
| 12. Thereby certify that the information supplied with this filling 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 expoute 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 ghi address, with all other libre appropriate.   |  |                                       |                       |  |                            |
| SIGNATURE:  BIGNATURE AND TYPED ON PRINTED HAME OF BYTHING OFFICER OR DIRECTOR Date  Deviline Phone 6  |  |                                       |                       |  |                            |
|  |  |                                       |                       |  |                            |