2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 05, 2004 8:00 am
Secretary of State
04-05-2004 90058 029 ***150.00

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02082004 Chg-P CR2E034 (10/03)

DOCUMENT # P00000052670

1. Entity Name
SMALL GUY CARPET CLEANING, INC.

Principal Place of Business	Mailing Address
3027 ETTA CIRCLE DELTONA, FL 32738 US	3027 ETTA CIRCLE DELTONA, FL 32738 US

2. Principal Place of Business	3. Mailing Address
1485 DAROCA DR	1485 DAROCA DR
Suite, Apt. #, etc.: DELtONA, Fl	Suite, Apt. #, etc.
City & State	City & State: DELtONA, Fl
Zip: 32725 Country: VOLUSIA	Zip: 32725 Country: VOLUSIA

4. FEI Number 11-1644012 ☐ 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
RETTIG, ROBERT 3027 ETTA CIRCLE DELTONA, FL 32738	Name: RoBERt Rettig Street Address (P.O. Box Number is Not Acceptable): 1485 DAROCA DR City: Deltona FL Zip Code: 32725

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] 4-1-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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	P RETTIG, ROBERT 3027 ETTA PLACE DELTONA, FL 32738 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P. RETTIG ROBERT 1485 DAROCA DR DeltONA, Fl, 32725 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 4/1/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #