


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90082 044 ***150.00

DOCUMENT # P00000057089 1. Entity Name ECONOMY CARPET & UPHOLSTERY CLEANING, INC.					
Principal Place of Business 934 BOLTON RD. NEW SMYRNA BEACH, FL 32168			Mailing Address P.O. BOX 456 NEW SMYRNA BEACH, FL 32170		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3648023	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WOLFE, ROBERT E JR. 934 BOLTON RD. NEW SMYRNA BEACH, FL 32168				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
\$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME WOLFE, ROBERT E JR. STREET ADDRESS P.O. BOX 456 CITY-ST-ZIP NEW SMYRA BEACH, FL 32170			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VTD NAME WOLFE, MATTHEW S STREET ADDRESS P.O. BOX 456 CITY-ST-ZIP NEW SMYRNA BEACH, FL 32170			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE SD NAME WOLFE, NETTIE K STREET ADDRESS P.O. BOX 456 CITY-ST-ZIP NEW SMYRNA BEACH, FL 32170			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing 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: <u>Matthew Swafe</u> MATTHEW SWAFE 30 APR 07 426 8414 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					