## 2005 FOR PROFIT CORPORATION

## FILED Jan 20, 2005 08:00 AM **ANNUAL REPORT** Secretary of State DOCUMENT # P00000088566 1. Entity Name **GENESIS CARPET & UPHOLSTERY CLEANING** SERVICES, INC. Principal Place of Business\_\_\_ Mailing Address 321 WEST HOLLY DRIVE 321 WEST HOLLY DRIVE ORANGE CITY, FL 32763 ORANGE CITY, FL 32763 01132005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3678889 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ARATA, RECECCA A DO NOT WRITE 321 WEST HOLLY DRIVE ORANGE CITY, FL 32763 IN THIS SPACE 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 reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME ARATA, CLIFFORD B STREET ADDRESS 321 WEST HOLLY DRIVE CITY-ST-ZIP ORANGE CITY, FL 32763 -= 000000186376 01/21/05-80055-007 158.75 TITLE ARATA, REBECCA A STREET ADDRESS 321 WEST HOLLY DRIVE CITY-ST-ZIP ORANGE CITY, FL 32763 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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.

NAME STREET ADDRESS CITY-ST-ZIP