

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90036 021 ***150.00

DOCUMENT # P00000113011 1. Entity Name PROCARE CARPET & UPHOLSTERY CLEANING, INC.					
Principal Place of Business 310 11TH STREET SW NAPLES, FL 34117			Mailing Address 310 11TH STREET SW NAPLES, FL 34117		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 8713			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Naples, FL		4. FEI Number 59-3685870	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34101		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WANDERON, THOMAS 809 WALKERBILT ROAD SUITE 5 NAPLES, FL 34110			7. Name and Address of New Registered Agent Name Laura Olszewski CPA Street Address (P.O. Box Number is Not Acceptable) 5401 Taylor Rd, #3 City Naples FL Zip Code 34109		
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 (NOTE: Registered Agent signature required when reinstating) DATE 1/15/08					
FILE NOW!!! FEE IS \$150.00 ! (After May 1, 2008 Fee will be \$550.00)		9. Election Campaign Financing <input type="checkbox"/> \$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	PSTD STIEHL, DONALD 310 11TH STREET SW NAPLES, FL 34117	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: DONALD STIEHL Date 4/9/08 Daytime Phone # 239-353-5678					

40067356



01152008 Chg-P CR2E034 (12/06)

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

Name **Laura Olszewski CPA**

Street Address (P.O. Box Number is Not Acceptable)

5401 Taylor Rd, #3

City **Naples**

FL

Zip Code **34109**

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

FILE NOW!!! FEE IS \$150.00 !
(After May 1, 2008 Fee will be \$550.00)

9. Election Campaign Financing ☐ **\$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
PSTD
STIEHL, DONALD
310 11TH STREET SW
NAPLES, FL 34117

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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SIGNATURE:

DONALD STIEHL

Date

Daytime Phone #