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Secretary of State

04-27-2005 90293 035 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000009906

1. Entity Name
CASTLE KEEPERS CARPET CLEANING & FLOOD RESTORATION, INC.

Principal Place of Business	Mailing Address
P. O. BOX 41612 ST. PETERSBURG, FL 33743	P. O. BOX 41612 ST. PETERSBURG, FL 33743

01152005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3265 MONTROSE CIR	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM HARBOR FL	City & State
Zip: 34684 Country: PINELLAS	Zip / Country

4. FEI Number: 59-3691202 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCREARY, KEVIN K
3265 MONTROSE CIR.
PALM HARBOR, FL 34684

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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: KEVIN K. MCCREARY 4-20-05
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, 2005 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	D MCCREARY, KEVIN K P. O. BOX 41612 ST. PETERSBURG, FL 33743 ☐ 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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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: Kevin K. Mccreary 4-20-05 727-771-7847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #