

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000017045

FILED
Aug 30, 2004
Secretary of State

Entity Name: CLEAN IMAGE CARPET CARE, INC.

Current Principal Place of Business:

5860 OLD TIMUQUANA RD STE 11
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 122
ORANGE PARK, FL 32067

New Mailing Address:

FEI Number: 59-3494585

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, DAN M
5860 OLD TIMUQUANA RD STE 11
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

HAMMETT, ANGELA K
6610 SEABOARD AVE
JACKSONVILLE, FL 32244 US

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.

SIGNATURE: ANGELA KAY HAMMETT

08/30/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: COB () Delete
Name: JOHNSON, DAN M
Address: 5860 OLD TIMUQUANA RD STE 11
City-St-Zip: JACKSONVILLE, FL 32210

Title: PCEO (X) Delete
Name: DAVIS, JOHN A
Address: 5860 OLD TIMUQUANA RD STE # 11
City-St-Zip: JACKSONVILLE, FL 32210

Title: V (X) Delete
Name: THOMAS, JASON R
Address: 5860 OLD TIMUQUANA RD STE # 11
City-St-Zip: JACKSONVILLE, FL 32210

Title: GM (X) Delete
Name: COXWELL, MICHAEL B
Address: 5860 OLD TIMUQUANA RD STE # 11
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COB (X) Change () Addition
Name: HAMMETT, ANGELA K
Address: 6610 SEABOARD AVE
City-St-Zip: JACKSONVILLE, FL 32244

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA KAY HAMMETT

COB

08/30/2004

Electronic Signature of Signing Officer or Director

Date