



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2005 8:00 am
Secretary of State

09-13-2005 90002 013 ***150.00

DOCUMENT # P01000047680 1. Entity Name SUPREME STEAM CARPET CLEANER, INC.						
Principal Place of Business 368 QUAIL CT CASSELBERRY, FL 32707			Mailing Address P.O. BOX 622553 OVIEDO, FL 32762-2553			
2. Principal Place of Business 1017 Shinnecock Hills Dr. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 622553 Suite, Apt. #, etc.				
City & State Oviedo, FL		City & State Oviedo, FL		4. FEI Number 01-0576667		
Zip 32765		Zip 32762		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MINSHALL, PHIL 368 QUAIL CT CASSELBERRY, FL 32707				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1017 Shinnecock Hills Dr. City Oviedo FL Zip Code 32765		
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 <u><i>Phillip Minshall</i></u> 9/8/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>						
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005			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 NAME STREET ADDRESS CITY - ST - ZIP	P MINSHALL, PHIL 1017 SHINNECOCK HILLS DRIVE OVIEDO, FL 32765 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP TAMU Minshall 1017 Shinnecock Hills Drive Oviedo, FL 32765 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Phillip Minshall</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>9/8/05</u> <small>Date Daytime Phone #</small>		

ATTACHMENT

50066681
P01000047680

To Whom it may Concern:

If possible, I would
Appreciate it if you could
waive our late fee as we
did not receive any of
the notices because
we moved last year &
have a new address &
new P.O. Box. Additionally
our Accountant just
gave us this form to
send in saying we
hadn't filed for this
year!


Thank you in Advance
for your consideration!

Sincerely,

Phillip Marshall
Phillip Marshall

ATTACHMENT

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Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State Oviedo, FL			City & State Oviedo, FL		
Zip 32765			Zip 32762		
Country 			Country 		
4. FEI Number 01-0576667			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MINSHALL, PHIL 308 QUAIL CT CASSELBERRY, FL 32707			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1017 Shinnecock Hills Dr. City Oviedo FL Zip Code 32765		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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