## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000048305

Entity Name: CLEANER CARPETS & MORE INC.

**FILED** Apr 30, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

6017 CALADESI CRT 13820 OLD ST AUGUSTINE RD JACKSONVILLE, FL 32258

STE 113-186

JACKSONVILLE, FL 32258

**Current Mailing Address: New Mailing Address:** 

13820 OLD ST AUGUSTINE RD STE 113-186 JACKSONVILLE, FL 32258

FEI Number: 65-1112960 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FOTI, JEANNE E FOTI, JEANNE E 6017 CALADESI CRT 13820 OLD ST AUGUSTINE RD JACKSONVILLE, FL 32258 US STE 113-186 JACKSONVILLE, FL 32258 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: JEANNE FOTI 04/30/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: (X) Change ( ) Addition

FOTI, JEANNE E Name: Name: FOTI, JEANNE E

13820 OLD ST AUGUSTINE RD, STE 113-186 6017 CALADESI CRT Address: Address:

City-St-Zip: JACKSONVILLE, FL 32258 City-St-Zip: JACKSONVILLE, FL 32258

( ) Delete Title: VTD Title: VTD (X) Change ( ) Addition

Name: FOTI, FRANK JR Name: FOTL FRANK JR

6017 CALADESI CRT Address: 13820 OLD ST AUGUSTINE RD, STE 113-186 Address:

JACKSONVILLE, FL 32258 JACKSONVILLE, FL 32258 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JEANNE FOTI **PSD** 04/30/2009