2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000006154

Entity Name: STEVE HEERS CARPET SERVICE, INC.

FILED Feb 27, 2006 Secretary of State

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

3 E SKYLARK ST 5230 KATI LYNN DRIVE APOPKA, FL 32712 APOPKA, FL 32712

Current Mailing Address: New Mailing Address:

3 E SKYLARK ST 5230 KATI LYNN DRIVE APOPKA, FL 32712 APOPKA, FL 32712

FEI Number: 59-3574484 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:

HEERS, STEVE
3 E SKYLARK ST
APOPKA, FL 32712 US
HEERS, STEVE
5230 KATI LYNN DRIVE
APOPKA, FL 32712 US
APOPKA, FL 32712 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: STEVE HEERS 02/27/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

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OFFICERS AND DIRECTORS:

VD

HEERS, STEVEN M

APOPKA, FL 32712

3 E SKYLARK ST.

HEERS, JILL S

3 E SKYLARK ST

3 F SKYLARK ST

APOPKA, FL 32712

HEERS, MATTHEW

APOPKA, FL 32712

3 E SKYLARK ST.

APOPKA, FL 32712

COOMER, FREDRICK

Title:

Title:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition Name: HEERS, STEVEN M

Address: 5230 KATI LYNN DRIVE
City-St-Zip: APOPKA, FL 32712

Title: VD (X) Change () Addition

Name: HEERS, JILL S
Address: 5230 KATI LYNN DRIVE
City-St-Zip: APOPKA, FL 32712

Title: T (X) Change () Addition

Name: HEERS, COREY
Address: 5230 KATI LYNN DRIVE
City-St-Zip: APOPKA, FL 32712

Title: S (X) Change () Addition

Name: HEERS, MATTHEW
Address: 5230 KATI LYNN DRIVE
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify for the 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: STEVE HEERS PRES 02/27/2006