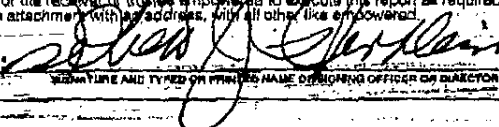


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000011202																																												
1. Entity Name UPLIFTERS CARPET AND UPHOLSTERY CLEANING, INC.																																												
Principal Place of Business 1629 SE 3RD ST. CAPE CORAL, FL 33990	Mailing Address 1629 SE 3RD ST. CAPE CORAL, FL 33990																																											
DO NOT WRITE IN THIS SPACE																																												
2. Name and Address of Current Registered Agent HINKLEIN, ROBERT J 1629 SE 3RD ST. CAPE CORAL, FL 33990		DO NOT WRITE IN THIS SPACE																																										
3. 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 _____ Signature, typed or printed name of registered agent (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		4. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																																										
<table border="1"> <thead> <tr> <th colspan="2">10. OFFICERS AND DIRECTORS</th> </tr> </thead> <tbody> <tr> <td>TITLE</td> <td>PD</td> </tr> <tr> <td>NAME</td> <td>HINKLEIN, ROBERT J</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1629 SE 3RD ST.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CAPE CORAL, FL 33990</td> </tr> <tr> <td>TITLE</td> <td>VSD</td> </tr> <tr> <td>NAME</td> <td>HINKLEIN, TRACY L</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1629 SE 3RD ST.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CAPE CORAL, FL 33990</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </tbody> </table>		10. OFFICERS AND DIRECTORS		TITLE	PD	NAME	HINKLEIN, ROBERT J	STREET ADDRESS	1629 SE 3RD ST.	CITY-ST-ZIP	CAPE CORAL, FL 33990	TITLE	VSD	NAME	HINKLEIN, TRACY L	STREET ADDRESS	1629 SE 3RD ST.	CITY-ST-ZIP	CAPE CORAL, FL 33990	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE
10. OFFICERS AND DIRECTORS																																												
TITLE	PD																																											
NAME	HINKLEIN, ROBERT J																																											
STREET ADDRESS	1629 SE 3RD ST.																																											
CITY-ST-ZIP	CAPE CORAL, FL 33990																																											
TITLE	VSD																																											
NAME	HINKLEIN, TRACY L																																											
STREET ADDRESS	1629 SE 3RD ST.																																											
CITY-ST-ZIP	CAPE CORAL, FL 33990																																											
TITLE																																												
NAME																																												
STREET ADDRESS																																												
CITY-ST-ZIP																																												
TITLE																																												
NAME																																												
STREET ADDRESS																																												
CITY-ST-ZIP																																												
TITLE																																												
NAME																																												
STREET ADDRESS																																												
CITY-ST-ZIP																																												
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) 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 807, 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: 		43005 4582115																																										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone																																										



01212005 No Chg-P CR2E034 (10/03)

4. FEI Number
30-0022787Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**000000364653
05/09/05-B0004-014 150.00