2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000011202

1. Entity Name
UPLIFTERS CARPET AND UPHOLSTERY CLEANING, INC.

Principal Place of Business	Mailing Address
1629 SE 3RD ST. CAPE CORAL, FL 33990	1629 SE 3RD ST. CAPE CORAL, FL 33990

DO NOT WRITE IN THIS SPACE

04032008 No Chg-P CRZE034 (11/05)

4. FEI Number
30-0022787
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HINKLEIN, ROBERT J
1629 SE 3RD ST.
CAPE CORAL, FL 33990

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/19/06-80056-007 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: ROBERT J. HINKLEIN _____ (239) 458 2115 4 01 06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #