

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 1629 SE 3RD ST. CAPE CORAL, FL 33990	Mailing Address 1629 SE 3RD ST. CAPE CORAL, FL 33990
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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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)) **DATE** _____

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
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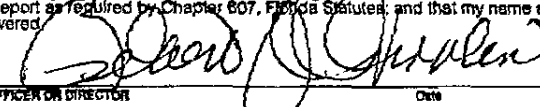
10. OFFICERS AND DIRECTORS

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

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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 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: ROBERT J. HINKLEIN  **DATE** 4/01/06 **C daytime Phone #** (231) 458 2115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR