

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000025577

1. Entity Name

JIM'S EXTREME CARPET & FURNITURE CLEANERS,
INC.



Principal Place of Business

58324 MORTEN ST
MARATHON, FL 33050-5707

Mailing Address

58324 MORTEN ST
MARATHON, FL 33050-5707

DO NOT WRITE IN THIS SPACE



07242008 No Chg-P CR2E034 (11/05)

4. FEI Number

02-0572112

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	HOUSER, JAMES JR
STREET ADDRESS	58324 MORTEN ST
CITY - ST - ZIP	MARATHON, FL 330505707
TITLE	D
NAME	HOUSER, JAMES JR
STREET ADDRESS	58324 MORTEN ST
CITY - ST - ZIP	MARATHON, FL 330505707
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000956804
08/04/08-80001-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/08

Date

305 743 0043

Daytime Phone #