


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90323 029 ***150.00

DOCUMENT # P02000071339

1. Entity Name
OVIEDO CARPET AND UPHOLSTERY CLEANING INCORPORATED



Principal Place of Business
1220 REFLECTIONS CIRCLE #206 CASSELBERRY, FL 32707

Mailing Address
1220 REFLECTIONS CIRCLE #206 CASSELBERRY, FL 32707

24046016

2. Principal Place of Business
313 Citrus St W
 Suite, Apt. #, etc.


3. Mailing Address
313 Citrus St W
 Suite, Apt. #, etc.

City & State
Altamonte Springs FL

City & State
Altamonte Springs FL

Zip
32714 Country **U.S.A**

Zip
32714 Country **U.S.A**



04132004 Chg-P CR2E034 (10/03)

4. FEI Number
81-0548052

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

6. Name and Address of Current Registered Agent
**MITCHELL, WILLIAM T JR
 1220 REFLECTIONS CIRCLE #206
 CASSELBERRY, FL 32707**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE **P** Delete

NAME **MITCHELL, WILLIAM T JR**

STREET ADDRESS **1220 REFLECTIONS CIRCLE #206**

CITY-ST-ZIP **CASSELBERRY, FL 32707**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP



Our new mailing Address is

313 Citrus St West

Altamonte Springs, FL 32714

Personal / business

Addition

Addition

Addition

Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: William T Mitchell **4-14-04** **407-366-3400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing