


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90096 022 ***150.00

DOCUMENT # P02000117094			
1. Entity Name BEACHY CLEAN CARPET CLEAN, INC.			
Principal Place of Business 5707 HIGHWAY 98 WEST SANTA ROSA BEACH, FL 32459		Mailing Address 5707 HIGHWAY 98 WEST SANTA ROSA BEACH, FL 32459	
2. Principal Place of Business - No P.O. Box # 43 Starlight Lane Suite, Apt. #, etc.		3. Mailing Address 43 Starlight Lane Suite, Apt. #, etc.	
City & State Santa Rosa Beach, FL Zip 32459 Country Walton		City & State Santa Rosa Beach, FL Zip 32459 Country Walton	
6. Name and Address of Current Registered Agent MATZ, MICHAEL F 5707 HIGHWAY 98 WEST SANTA ROSA BEACH, FL 32459		7. Name and Address of New Registered Agent Name Brandon Hobbs Street Address (P.O. Box Number is Not Acceptable) 43 Starlight Lane City Santa Rosa Beach FL Zip Code 32459	
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: _____ (NOTE: Registered Agent signature required when registering.) DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MATZ, MICHAEL F 5707 HIGHWAY 98 WEST SANTA ROSA BEACH, FL 32459 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOBBS, BRANDON 5707 HIGHWAY 98 WEST SANTA ROSA BEACH, FL 32459 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Hobbs, Brandon 43 Starlight Lane Santa Rosa Beach, FL 32459 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brandon Hobbs

Date

Daytime Phone #