2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED
Mar 10, 2004 8:00 am
Secretary of State
02 10 2004 20010 010 ***150 00

DOCUMENT # P03000004520 03-10-2004 90018 018 ***150.00 1. Entity Name FORSYTHE CARPET CLEANING INC. Principal Place of Business Mailing Address 54016733 1915 ADAIR ROAD P 0 BOX 151 DAVENPORT, FL 33836 DAVENPORT, FL 33837 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable 55-0815775 Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -FORSYTHE, DONALD Street Address (P.O. Box Number is Not Acceptable) 1915 ADAIR ROAD DAVENPORT, FL 33837 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) . 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. V, VP, S/T ☐ Change TITLE TITLE Delete FORSYTHE, DONALD L NAME NAME 1915 ADAIR ROAD STREET ADDRESS STREET ADDRESS DAVENPORT, FL 33837 CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITI F Channe NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CFTY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZiP

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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: 上

OF SIGNING OFFICER OR DIRECTOR

13-8-04

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