

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000018761**

**1. Entity Name**  
TOP QUALITY CARPET CLEANING, INC.



**Principal Place of Business**  
5166 NW 74TH MANOR  
COCONUT CREEK, FL 33073

**Mailing Address**  
5166 NW 74TH MANOR  
COCONUT CREEK, FL 33073



03172005 No Chg-P CR2E034 (10/03)

**4. FEI Number**  
01-0768817

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

MORGAN, DAVID A  
5166 NW 74TH MANOR  
COCONUT CREEK, FL 33073

**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**  
After May 1, 2005 Fee will be \$550.00

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
Added to Fees

**10. OFFICERS AND DIRECTORS**

**TITLE**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
MORGAN, DAVID A  
5166 NW 74TH MANOR  
COCONUT CREEK, FL 33073

**TITLE**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

UN00001337984  
04/28/05-80017-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*David A Morgan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05

Date

(305) 3030486

Daytime Phone #