
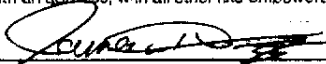


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000050296 1. Entity Name COMMANDO CARPET CLEANING INC.		
Principal Place of Business 1117 SAINT MICHEL WAY KISSIMEE, FL 34759	Mailing Address 1117 SAINT MICHEL WAY KISSIMEE, FL 34759	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HANSEN, PATRICIA 1117 SAINT MICHEL WAY KISSIMEE, FL 34759		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HANSEN, JAMES 1117 SAINT MICHEL WAY KISSIMEE, FL 34759	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HANSEN, GEORGE J 1117 SAINT MICHEL WAY KISSIMEE, FL 34759	
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		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01162005 No Chg-P CR2E034 (10/03)

4. FCI Number
42-1589429

Applied For
Not Applicable

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

000000257329
03/09/05-80050-008 150.00

**DO NOT WRITE
IN THIS SPACE**

3/8/05 407 7299939
Date Daytime Phone