

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-18-2004 90074 001 ***500.00
08-18-2004 90074 002 ****58.75

DOCUMENT # P03000050705

1. Entity Name
LAMAR CARPET CLEANING, INC.



Principal Place of Business
**200 CALDWELL STREET
APOPKA, FL 32712**

Mailing Address
**200 CALDWELL STREET
APOPKA, FL 32712**

00432770



2. Principal Place of Business

51 Grand Junction Blvd
Suite, Apt. #, etc.

3. Mailing Address

51 Grand Junction Blvd
Suite, Apt. #, etc.

07232004

Chg-P

CR2E034 (10/03)

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

54-2110076

Applied For

Not Applicable

Zip

32835

Country

Orange

Zip

32835

Country

Orange

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARROQUIN, LUIS A
200 CALDWELL STREET
APOPKA, FL 32712**

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 **Luis A. Marroquin**

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

07/28/04

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MARROQUIN, LUIS A**
STREET ADDRESS **200 CALDWELL STREET**
CITY-ST-ZIP **APOPKA, FL 32712**

TITLE **VD** ☐ Delete
NAME **ZAPATA, ENZO G**
STREET ADDRESS **200 CALDWELL STREET**
CITY-ST-ZIP **APOPKA, FL 32712**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

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NAME
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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 **Luis A. Marroquin**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/28/04

Date

Daytime Phone #