

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000058470

1. Entity Name  
COMPLETE CARPET CARE, INC.



Principal Place of Business  
3000 CLARCONA RD.  
#738  
APOPKA, FL 32703

Mailing Address  
3000 CLARCONA RD.  
#738  
APOPKA, FL 32703

**DO NOT WRITE IN THIS SPACE**

**FILED  
Apr 22, 2005 8:00 am  
Secretary of State**

04-22-2005 90302 030 \*\*\*150.00

**50042371**



03292005 No Chg-P CR2E034 (10/03)

4. FEI Number 56-2361962	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SEAGO, GENE A  
3000 CLARCONA RD.  
#738  
APOPKA, FL 32703

**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

*Linda B Seago* Linda B Seago PD 4/16/05

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

NOTE: Registered Agent signature required when changing

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	PD SEAGO, GENE A 3000 CLARCONA RD. #738 APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PD Linda B Seago 3000 Clarcona Rd #738 APOPKA, FL 32703</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(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:

*Linda B Seago Linda B Seago*

4/16/05 407-886-7562

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #