
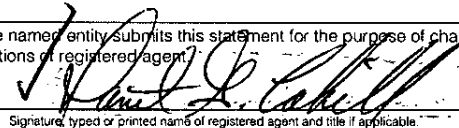
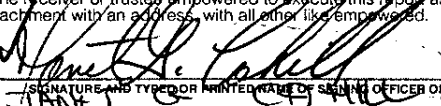


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2004 8:00 am
Secretary of State

01-13-2004 90012 010 ***150.00

DOCUMENT # P03000069952 1. Entity Name CAHILL'S CARPET CLEANING, INC.					
Principal Place of Business 1822 ARTURUS LANE NEW PORT RICHEY, FL 34655			Mailing Address 1822 ARTURUS LANE NEW PORT RICHEY, FL 34655		
2. Principal Place of Business 1718 WAYSIDE WILLOW CT			3. Mailing Address 1718 WAYSIDE WILLOW CT		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State HUDSON, FLA			City & State HUDSON, FLA		
Zip 34667			Zip 34667		
Country 			Country 		
4. FEI Number 55 083 882 7			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CAHILL, JANET G 1822 ARTURUS LANE NEW PORT RICHEY, FL 34655				7. Name and Address of New Registered Agent Name CAHILL JANET C Street Address (P.O. Box Number is Not Acceptable) 1718 WAYSIDE WILLOW CT City HUDSON FLA 34667 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:  DATE: 1/8/04 <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, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAHILL, ROBERT D 1822 ARTURUS LANE NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAHILL, JANET G 1822 ARTURUS LANE NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:  DATE: 1/8/04 DAYTIME PHONE #: 819-8769 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		