2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P03000071473

1. Entity Name

HYDRO JET CARPET CLEANERS OF THE TREASURE COAST, INC.



FILED
Jan 22, 2007 08:00 AM
Secretary of State

Principal Place of Business

6015 TANGELO DR FT PIERCE, FL 34982 Mailing Address

6015 TANGELO DR FT PIERCE, FL 34982



01162007

No Chg-P

CR2E034 (11/05)

4. FEI Number 42-1597538 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

SMITH, STEVEN 6015 TANGELO DR FT PIERCE, FL 34982

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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				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			cing \$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS ·	13.70	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, STEVEN 6015 TANGELO DR FT PIERCE, FL 34982			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				U00000596597 01/24/07-80002-014 150.00
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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 exemptions contained in Chapter 119, 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				

12. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

/18/07

Davime Phone #