

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000084054

1. Entity Name  
CARPET CLEANING, INC



**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90108 043 \*\*\*150.00

Principal Place of Business  
21947 HOLLYTREE WAY  
BOCA RATON, FL 33428 US

Mailing Address  
21947 HOLLYTREE WAY  
BOCA RATON, FL 33428 US



05022005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
56-2388169

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

*CHANGE*

**DO NOT WRITE  
IN THIS SPACE**

*Gary Cannava*  
*21947 Hollytree Way*  
*Boca Raton, FL 33428*

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 *Gary Cannava* *Gary Cannava*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*5/1/5*

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CANNAVA, GARY L  
21947 HOLLYTREE WAY  
BOCA RATON, FL 33428

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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: *Gary Cannava*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5-1-5*

*561-289-7135*

Date

Daytime Phone #