

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2006 8:00 am
Secretary of State

02-20-2006 90047 004 ***158.75

66007946



1st MOORE CR2E034 (10/05)

DOCUMENT # P03000092754 1. Entity Name ROYALTY CARPET CARE CORP.																																																												
Principal Place of Business P.O. BOX #4322 WINTER PARK FL 32793			Mailing Address P.O. BOX #4322 WINTER PARK FL 32793																																																									
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																									
City & State			City & State																																																									
Zip		Country		4. FEI Number 55-0844235 Applied For <input type="checkbox"/> Not Applicable																																																								
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent RIVAS, DARWIN 10350 DYLAN STREET #1120 ORLANDO FL 32825																																																								
7. Name and Address of New Registered Agent Name Rivas Darwin Street Address (P.O. Box Number is Not Acceptable) 7202 Autumnvale Dr. City Orlando FL Zip Code 32822				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 <small>Signature of Registered Agent required when filing this application (NOTE: Registered Agent signature required when registering)</small>																																																												
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div style="width: 60%;"> 9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>																																																												
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td>Owner</td> <td>Darwin Rivas</td> <td>7202 Autumnvale Dr.</td> <td></td> </tr> <tr> <td></td> <td></td> <td>Orlando, FL</td> <td>32822</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete		Owner	Darwin Rivas	7202 Autumnvale Dr.				Orlando, FL	32822		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete																																																								
	Owner	Darwin Rivas	7202 Autumnvale Dr.																																																									
		Orlando, FL	32822																																																									
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																								
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <small>SIGNATURE AND TITLE OF OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																												
<small>Date</small>																																																												
<small>Daytime Phone #</small>																																																												