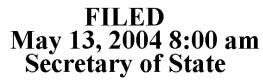
## **2004 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**



| DOCUMENT # P03000108208  1. Entity Name HEAVENLY CARPET CLEANING, INC                                       |                           |  |              |   |              |  |   | 05-13-2004 9            | 90008 03      | 33 ***150        | ).00                        |
|---|---------------------------|--|--------------|---|--------------|--|---|-------------------------|---------------|------------------|-----------------------------|
| Principal Place of Business 3301 BOYNTON BEACH BLVD SUITE 8 BOYNTON, FL 33436                               |                           |  | 3<br>S       | ailing Address<br>301 BOYNTON BEACH<br>UITE 8<br>OYNTON, FL 33436 | H BLVD       |  | (<br>   | DIKE IMIT GENA ERAN KEN |               |                  |                             |
| 2. Principal Place of Business  |                           |  |              | Mailing Address   |              |  |   |                         |               |                  |                             |
| Suite, Apt. #, etc.   |                           |  |              | Suite, Apt. #, etc.   |              | 01172004   | Chg-P   | ۲.                      | 34 (10/03)    |                  |                             |
| City & State  |                           |  |              | City & State  |              |  | 4. FEI Number   | 1267/6                  | 0             |                  | optied For<br>ot Applicable |
| Zip<br>   | Zip Country               |  |              | Zip Cou   |              | itry   | 5. Certificate of Status Desired   \$8.75 Additional Fee Required |                         |               |                  |                             |
| 6. Name and Address of Current Registered Agent   |                           |  |              |   |              | 7. Name and Address of New Registered Agent        |   |                         |               |                  |                             |
| NELSON, SUSAN R<br>3301 BOYNTON BEACH BLVD  |                           |  |              |   |              | Street Address (P.O. Box Number is Not Acceptable) |   |                         |               |                  |                             |
| SUITE 8<br>BOYNTON BEACH, FL 33436  |                           |  |              |   |              |  |   |                         |               |                  |                             |
|   |                           |  |              |   |              | City   |   |                         | FL            | Zip Cod          | 8                           |
|   | named entitions of regist | y submits this statement<br>ered agent.          | for the p    | purpose of changing its   | register     | ed office or register                              | ed agent, or both   | , in the State of Flo   | orida. Fami   | amiliar with,    | and accept                  |
| SIGNATURE   | Signature, typed          | or printed name of registered age                | nt and title | if applicable. (NOT   | E: Registere | d Agent signature required                         | when reinstating)   |                         | DATE          |                  |                             |
| FILE NOWI!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Trust Fund Contrib |                           |  |              |   |              |  | .00 May Be<br>led to Fees   |                         |               |                  |                             |
| 10. OFFICERS AND I  |                           |  |              |   | 11.          |  | ADDITIONS/C   | HANGES TO OFF           | ICERS AND     |                  |                             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | NELSON,<br>3301 BOY       | SUSAN R<br>YNTON BEACH BLVE<br>N BEACH, FL 33436 | , SUIT       | □ Delete<br>E 8   |              | <b>I</b>   |   |                         |               | ☐ Change         | Addition                    |
| THILE NAME STREET ADDRESS CITY-ST-ZIP   | 400 SCO                   | LEXANDER<br>TIA DRIVE, SUITE 10<br>KO, FL 33462  | 1            | ☐ Delete  |              | l  |   |                         |               | ☐ Change         | Addition                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |                           |  |              | ☐ Delete  | 1            | l l  |   | _                       |               | Change           | Addition                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |                           |  |              | ☐ Delete  |              |  |   |                         |               | ☐ Change         | Addition                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |                           |  |              | ☐ Delete  |              |  |   |                         |               | ☐ Change         | ☐ Addition                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |                           |  |              | ☐ Delete  | cmy          | E<br>EET ADDRESS<br>-ST-ZIP                        |   |                         |               | Change           | ☐ Addition                  |
| 12. Thereby (   | certify that th           | e information supplied w                         | ith this f   | ling does not qualify fo  | r the exe    | mption stated in Se                                | ection 119.07(3)(i).  | Florida Statutes.       | I further cer | tify that the ir | nformation                  |

Intereox ceruly that the information supplied with this fling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1 bear