

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000116505**

1. Entity Name  
**DJ'S CARPET CARE & RESTORATION SERVICES, INC.**



Principal Place of Business  
**29138 GLENWOOD ST  
BROOKSVILLE, FL 34602**

Mailing Address  
**29138 GLENWOOD ST  
BROOKSVILLE, FL 34602**

**DO NOT WRITE IN THIS SPACE**



04212008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**30-0210059**

Applied For
Not Applicable

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

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

**PENSIERO, DAVE  
29138 GLENWOOD ST  
BROOKSVILLE, FL 34602**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000933888  
05/23/08-80010-005 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	PENSIERO, DAVE
STREET ADDRESS	29138 GLENWOOD ST
CITY-ST-ZIP	BROOKSVILLE, FL 34602

TITLE	V
NAME	HOLIDAY, JOLLY
STREET ADDRESS	29138 GLENWOOD ST
CITY-ST-ZIP	BROOKSVILLE, FL 34602

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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IN THIS SPACE**

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 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 DIRECTOR

Date

Daytime Phone #

4/28/08