

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

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1. Entity Name
CAROLINA'S RESURFACING & RESIDENTIAL CLEANING, INC.



Principal Place of Business

**12430 RIDGEDALE DR
HUDSON, FL 34669**

Mailing Address

**12430 RIDGEDALE DR
HUDSON, FL 34669**



01202008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0360046

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SAMBUCCI, ANTHONY
12430 RIDGEDALE DR
HUDSON, FL 34669**

**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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SAMBUCCI, CAROLINA R
STREET ADDRESS	12430 RIDGEDALE DR
CITY-ST-ZIP	HUDSON, FL 34669
TITLE	VP
NAME	SAMBUCCI, ANTHONY
STREET ADDRESS	12430 RIDGEDALE DR
CITY-ST-ZIP	HUDSON, FL 34669
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 of this report, or on an attachment with an address, with all other filers approved.

SIGNATURE

Carolina Sambucci
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-08