2005 FOR PROFIT CORPORATION *ANNUAL REPORT (AR)

DOCUMENT # P03000131458

1. Entity Name

STATUS CARPETS & UPHOLSTERY CLEANING SERIVCE COMPANY



FILED Jan 27, 2005 08:00 AN Secretary of State

Principal Place of Susmiss 1085 GUILD ST PORT CHARLOTTE FL 33982 PORT CHARLOTTE FL 33982 2 Punction Place of Business Satio, Act. # etc. Sati	COMPAN	ΙΥ										
2. Principal Place of Business Suite: April etc. Suite: April etc. Suite: April etc. City & State City & State Copy & State Sea To Additional Free Registered Agent Name ROLSTON, JOHN 1058 GUILD ST PORT CHARLOTTE FL 33952 City & FL Zip Code R. The above named only submits the splentent for the purpose of changing its registered agent, or both, in the State of Florida. I am leminar with, and society the outly administrative to the purpose of changing its registered agent, or both, in the State of Florida. I am leminar with, and society the outly administrative to the purpose of changing its registered agent, or both, in the State of Florida. I am leminar with, and society the outly administrative to the purpose of changing its registered agent, or both, in the State of Florida. I am leminar with, and society the outly administrative to the purpose of changing its registered agent, or both, in the State of Florida. I am leminar with, and society the outly administrative to the purpose of changing its registered agent, or both, in the State of Florida. I am leminar with, and society the outly administrative to the purpose of changing its registered agent, or both, in the State of Florida. I am leminar with, and society the outly administrative to the purpose of changing its registered agent, or both, in the State of Florida. I am leminar with and society the outly administrative to the purpose of changing its registered agent, or both, in the State of Florida. I am leminar with and society the outly administrative to the purpose of changing its registered agent years amount at a manular. State Address (P O Box Number is Not Acceptable) Reflection of Proposed Agent years amount at a manular with a manular with an administrative	Principal Place of Business				Mailing Address			_				
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12. Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED ON PHINTED HAME OF SIMMING OFFICER OR DIRECTOR

1-25-06 941-624-5211