## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

SIGNATURE:

## Mar 06, 2008 8:00 am **Secretary of State** DOCUMENT # P04000015117 1. Entity Name 03-06-2008 90039 014 \*\*\*150.00 STRAWBERRY CARPET CARE, INC. Principal Place of Business Mailing Address **37522 TALL PINE DRIVE 37522 TALL PINE DRIVE** ZEPHYRHILLS, FL 33542 ZEPHYRHILLS, FL 33542 No Chg-P CR2E034 (11/05) 01122008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0656961 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LOUGHREN, CARL DO NOT WRITE 37522 TALL PINE DRIVE ZEPHYRHILLS, FL 33542 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. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE LOUGHREN, CARL NAME STREET ADDRESS 37522 TALL PINE DR. CITY-ST-ZIP ZEPHYRHILLS, FL 33542 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 empoward.

OFFICER OR DIRECTOR

FILED