


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2008 8:00 am
Secretary of State

05-23-2008 90018 045 ***158.75

DOCUMENT # P04000015223 1. Entity Name TLC CARPETS, INC.	
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Principal Place of Business 5702 BRIDLE PATH LANE TAMPA, FL 33634	Mailing Address TOMAS LOPERENA PO BOX 260085 TAMPA, FL 33685
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40104540



04132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2140523	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LOPERENA, TOMAS 7507 EXTER WAY TAMPA, FL 33615

**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 reissuing) 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 NAME STREET ADDRESS CITY-ST-ZIP	D LOPERENA, TOMAS 7507 EXTER WAY TAMPA, FL 33615
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**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 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 #

18982

DEC2007 S29 B
TLC CARPET CLEANING INC
PO BOX 260085
TAMPA FL 33685-0085

B

☐ a. Amended

☐ b. Successor employer

☐ c. No payments to employees in 2007

☐ d. Final: Business closed or stopped paying wages

Part 1: Tell us about your return. If any line does NOT apply, leave it blank.

1a

2 ☐ Check here. Fill out Schedule A (Form 940), Part 2.

Part 3: Determine your adjustments. If any line does NOT apply, leave it blank.

Skip line 11 for 2007 and go to line 12.

11 If credit reduction applies, enter the amount from line 3 of Schedule A (Form 940)

Part 4: Determine your FUTA tax and balance due or overpayment for 2007. If any line does NOT apply, leave it blank.

☐ Send a refund.

► You **MUST** fill out both pages of this form and **SIGN** it.

Next ➡