2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2005 8:00 am Secretary of State

DOCUMENT # P0400023708 1. Entity Name GOOD GUYS CARPET CARE, INC.							04-20-2005 9	90 3 67 0	44 ***15(0.00
Principal Place of Business Mailing Address										
6005-105 POWERS AVE JACKSONVILLE, FL 32217			6005-105 POWERS AVE Jacksonville, FL ·32217		۲	~; C +*				41554
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		02172005	Chg-P	CR2E0	34 (10/03)		
City & State			City & State			4. FELNumb	070942	.4	1 —	oplied For ot Applicable
Zip	Country		Zip	Zip Coun		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name a	nd Address of Current		7. Name and	Address of New R	egistered /	Agent			
TRAINOR	ANDREA	,	Name							
TRAINOR, ANDREA D 6005-105 POWERS AVE JACKSONVILLE, FL 32217					Street Address (P.O. Box Number is Not Acceptable)					
STORGOTT LEEL, TE SEET					Chr				T =	
					City			FL	Zip Code	1
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										
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FIL After Ma	ÉE IS \$150.00 Fee will be \$550.	ncing \$5.	00 May Be ed to Fees							
10.	OFFICERS AND DIRECTORS1					ADDITIONS	/CHANGES TO OFF	CERS AND	DIRECTOR	S IN 11
TITLE	PD		☐ Delete TIT		E				☐ Change	☐ Addition
NAME STREET ADDRESS	1	CHRISTOPHER M		NAM						
CITY-ST-ZIP	1	/ILLE, FL 32217			EET ADDRESS '- ST- ZIP					Ĺ
TITLE	VD		☐ Delete	TITL	E				☐ Change	☐ Addition
NAME STREET ADDRESS	PRIESTER, JOHN 6005-105 POWERS AVE			NAM	EET ADORESS					
CITY-ST-ZIP	JACKSONVILLE, FL 32217				-ST-ZIP					ļ
TITLE	STD		☐ Delete	TITL	E .				☐ Change	☐ Addition
NAME	TRAINOR,	ANDREA D		NAM	IE .					
STREET ADDRESS	1	OWERS AVE	,		EET ADDRESS					
CITY-ST-ZIP	JACKSON	/ILLE, FL 32217		-			<u> </u>			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.										