

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90111 003 ***150.00

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1. Entity Name

JUSTICE CARPET CLEANING OF CENTRAL FLORIDA, INC.

Principal Place of Business

**437 PERCH LANE
SEBASTIAN FL 32958**

Mailing Address

**437 PERCH LANE
SEBASTIAN FL 32958**

00040300



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

11-3715715

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEES, RONALD W
1252 25TH TERRACE SW
VERO BEACH FL 32968**

*Change of
Registered Agent*

7. Name and Address of New Registered Agent

Name

Patricia Ezell

Street Address (P.O. Box Number is Not Acceptable)

437 Perch Lane

City

Sebastian

FL

Zip Code

32958

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

Patricia Ezell

Signature, typed or printed name of registered agent and title if applicable

Patricia Ezell

(NOTE: Registered Agent signature required when reinstating)

3-31-06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **EZELL, PATRICIA**
STREET ADDRESS **437 PERCH LANE**
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE **VP** ☐ Delete
NAME **EZELL, KARL W**
STREET ADDRESS **437 PERCH LANE**
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 Section 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:

Patricia Ezell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia Ezell

3-31-06 (M2) 388-8280

Date

Daytime Phone #