

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000063043

Entity Name: ACCURATE CARPET CARE, INC.

FILED  
Feb 07, 2007  
Secretary of State

## Current Principal Place of Business:

4918 NW FLINTSTONE AVE  
PORT SAINT LUCIE, FL 34983

## New Principal Place of Business:

4803 BUCHANAN DR  
PORT SAINT LUCIE, FL 34983

## Current Mailing Address:

4918 NW FLINTSTONE AVE  
PORT SAINT LUCIE, FL 34983

## New Mailing Address:

4803 BUCHANAN DR  
PORT SAINT LUCIE, FL 34983

FEI Number: 86-1103721

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HARDIE, RENEE  
AAA PERFECT BOOKKEEPING CO, INC.  
901 MARTIN DOWNS BLVD #200A  
PALM CITY, FL 34990 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ROMAN, JOSEPH  
Address: 4918 NW FLINTSTONE AVE  
City-St-Zip: STUART, FL 34983

Title: CFO ( ) Delete  
Name: BABBITT, LARRY  
Address: 4918 NW FLINTSTONE AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VP (X) Delete  
Name: DELGADO, EDDIE  
Address: 4918 NW FLINTSTONE AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: ROMAN, SARAH  
Address: 4918 NW FLINTSTONE AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH K. ROMAN

P

02/07/2007

Electronic Signature of Signing Officer or Director

Date