2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCU	MEN	T # P0	400006	6616

1. Entity Name

AAA PROFESSIONAL CARPET & UPHOLSTERY STEAM CLEANING, INC.



Principal Place of Business

2805 EAST STATE ROAD 60 PLANT CITY, FL 33567

Mailing Address

2805 EAST STATE ROAD 60 PLANT CITY, FL 33567



DO NOT WRITE IN THIS SPACE

03212007 No Chg-P		CR2E034 (11/05)		
4. FEI Numbe	r		Applied For	
20-0978	3968		Not Applicable	

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

COLLERA, TIMOTHY C 2805 EAST STATE ROAD 60 PLANT CITY, FL 33567

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	urpose of changing its	registered office	or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title	fappicable. (NOTE	. Registered Agent sign	alure required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaig Trust Fund Contri		\$5.00 May Be Added to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT D COLLERA, TIMOTHY C 2805 EAST STATE ROAD 60 PLANT CITY, FL 33567	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000679835 04/03/07-80053-020 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby of indicated	certify that the information supplied with this fill on this report or supplemental report is true a	ing does not qualify for	the exemptions	contained in Chapter 11:	9, Florida Statutes I further certify that the information	

12. Thereby certify that the information supplied with this faing boes not quality for the exemptions contained in Chapter 119, Florida Statutes 11/urfler certify that me information indicated on this report or suppliemental 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 BIGHING OFFICER OR DIRECTOR

CEO 3-22-07

813) (650<u>:</u>0(61