

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 07, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000138562

1. Entity Name
JUSTICE CARPET CLEANING OF PALM BEACH COUNTY, INC.



Principal Place of Business
**515 SHADY PINE WAY
C2
WEST PALM BEACH FL 33415**

Mailing Address
**515 SHADY PINE WAY
C2
WEST PALM BEACH FL 33415**



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

2nd MOORE CR2E034 (4/07)

4. FEI Number **26-0103183** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**FRANCO, MANUEL
515 SHADY PINE WAY
C2
WEST PALM BEACH FL 33415**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when remitting) DATE _____

**FILE NOW!!! FEE IS \$550.00
DUE BY September 5, 2007
Make Check Payable to Florida Department of State**

\$ 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FRANCO, MANUEL	
STREET ADDRESS	515 SHADY PINE WAY	
CITY - ST - ZIP	WEST PALM BEACH FL 33415	
TITLE	S	<input type="checkbox"/> Delete
NAME	FRANCO, MANUEL	
STREET ADDRESS	515 SHADY PINE WAY	
CITY - ST - ZIP	WEST PALM BEACH FL 33415	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

U00000773619
09/07/07-80007-003 550.00

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/07 561-659-5551
Date Daytime Phone #