


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000141990	
1. Entity Name DAVE'S CARPET CARE INC.	

Principal Place of Business 315 SE 37 AVE OCALA, FL 34471	Mailing Address 315 SE 37 AVE OCALA, FL 34471
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DO NOT WRITE IN THIS SPACE



03022006 No Chg-P CR2E034 (11/05)

4. FEI Number 41-2165573	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FIFIELD, DAVID
315 SE 37 AVE
OCALA, FL 34471

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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FIFIELD, DAVID 315 SE 37 AVE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FIFIELD, PATRICIA 315 SE 37 AVE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FIFIELD, DAVID 315 SE 37 AVE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FIFIELD, DAVID 315 SE 37 AVE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 I am empowered.

SIGNATURE: David Fifield **DAVID FIFIELD** 33106 352-2175281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #