

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000151015

Entity Name: IDEAL CARPET CARE, INC

FILED
Feb 09, 2009
Secretary of State

Current Principal Place of Business:

3901 COUNTRYSIDE VIEW CT
SAINT CLOUD, FL 34772

New Principal Place of Business:

2983 BIG SKY BLVD. SUITE 4.
KISSIMMEE, FL 34744

Current Mailing Address:

3901 COUNTRYSIDE VIEW CT
SAINT CLOUD, FL 34772

New Mailing Address:

FEI Number: 20-1846666

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALMONTE, CARLOS T
3901 COUNTRYSIDE VIEW CT
SAINT CLOUD, FL 34772 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: ALMONTE, CARLOS T
Address: 3901 COUNTRYWIDE VIEW CT
City-St-Zip: SAINT CLOUD, FL 34772

Title: SEC () Delete
Name: KOKOSI, BABETT
Address: 3901 COUNTRYWIDE VIEW CT
City-St-Zip: SAINT CLOUD, FL 34772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: CARLOS T ALMONTE

P

02/09/2009

Electronic Signature of Signing Officer or Director

_____ Date