

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 14, 2006 8:00 am**  
**Secretary of State**

08-14-2006 90041 008 \*\*\*150.00

**DOCUMENT # P0400C172546**

1. Entity Name

**CLERMONT CARPET CLEANING AND TOTAL PACKAGE  
TILE AND GROUT CLEANING, INC.**



Principal Place of Business

**645 PARK VALLEY CIRCLE  
MINNEOLA FL 34715**

Mailing Address

**645 PARK VALLEY CIRCLE  
MINNEOLA FL 34715**



2. Principal Place of Business

3. Mailing Address

**P.O. Box 121047  
Clermont, FL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

2nd MOORE

CR2E034 (4/06)

Zip

Country

Zip

Country

**34711**

**USA**

4. FEI Number **20-2138309**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PERCHITTI, LOUIS J  
645 PARK VALLEY CIRCLE  
MINNEOLA FL 34715**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 6, 2006**

**Make Check Payable to Florida Department of State**

S.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	D	<input type="checkbox"/> Delete
NAME	PERCHITTI, LOUIS J	
STREET ADDRESS	645 PARK VALLEY CIRCLE	
CITY - ST - ZIP	MINNEOLA FL 34715	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAESTRE, OMAR	
STREET ADDRESS	12410 BOHANNON BLVD.	
CITY - ST - ZIP	ORLANDO FL 32824-6095	
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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:**

*Louis Perchitti*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-3-06 352-536-1988**

Date

Daytime Phone #