


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90007 024 \*\*\*150.00

|  |   |                     |  |   |  |
|--|---|---------------------|--|---|--|
| <b>DOCUMENT # P05000005419</b><br>1. Entity Name<br><b>SQUEAKY CLEAN CARPET &amp; TILE CLEANING, INC.</b>  |   |                     |  |                |  |
| Principal Place of Business<br><b>101 MOHIGAN CIR<br/>BOCA RATON FL 33487</b>  |   |                     | Mailing Address<br><b>101 MOHIGAN CIR<br/>BOCA RATON FL 33487</b>  |   |  |
| 2. Principal Place of Business   |   | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc. |  |   |  |
| City & State   |   | City & State        |  |   |  |
| Zip  | Country   | Zip                 | Country  |   |  |
| 6. Name and Address of Current Registered Agent  |   |                     |  | 4. FEI Number<br><b>14-1922541</b>  |  |
| HENRY DEAN, P.A.<br>251 NE DIXIE BLVD<br>DELRAY BCH FL 33444   |   |                     |  | Applied For<br>Not Applicable   |  |
| 7. Name and Address of New Registered Agent  |   |                     |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 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 constituting)  |   |                     |  |   |  |
| DATE _____   |   |                     |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |   |                     | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |
| 10. OFFICERS AND DIRECTORS   |   |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>P<br/>MARTIN, WILLIAM F<br/>101 MOHIGAN CIRCLE<br/>BOCA RATON FL 33487</b> <input type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>William F. Martin</i>  |   |                     | 3/31/2006 (561) 994-1169   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |                     | Date Daytime Phone #   |   |  |