


2008

FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P05000005419	
1. Entity Name Squeaky Clean Carpet & Tile Cleaning, Inc.	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 29 AM 10:37

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 101 Mohigan Circle	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Boca Raton, FL	City & State
Zip 33487	Country Palm Bch. Co.
Zip 33487	Country Same

CR2E034B (8/05)

4. FEI Number 14-1922541	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

<p>DO NOT WRITE IN THIS SPACE</p>	7. Name and Address of Current Registered Agent	
	Name Ella Martin	
	Street Address (P.O. Box Number is Not Acceptable) 101 Mohigan Circle	
	City Boca Raton,	FL Zip Code 33487

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 William F. Martin DATE April 23, 2008

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	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	William F. Martin, President 101 Mohigan Circle Boca Raton, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200126937412 04/29/08--01046--008 **150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

William F. Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23, 2008
Date Daytime Phone #