

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000031226

FILED  
May 11, 2010  
Secretary of State

**Entity Name:** ANYTIME CARPET CARE, INC.

**Current Principal Place of Business:**

938 CLOVERLEAF BLVD  
DELTONA, FL 32725

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 6022  
DELTONA, FL 32728

**New Mailing Address:**

**FEI Number:** 20-3499444

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALLEN, RICHARD C D  
938 CLOVERLEAF BLVD  
DELTONA, FL 32725 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ALLEN, RICHARD C  
Address: 938 CLOVERLEAF BLVD  
City-St-Zip: DELTONA, FL 32725

Title: PD  
Name: ALLEN, TROY D  
Address: 938 CLOVERLEAF BLVD  
City-St-Zip: DELTONA, FL 32725

Title: STD  
Name: ALLEN, RICHARD C JR.  
Address: 938 CLOVERLEAF BLVD  
City-St-Zip: DELTONA, FL 32725

I hereby 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 all other like empowered.

**SIGNATURE:** RICHARD C. ALLEN

D

05/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date