2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

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Jan 23, 2006 8:00 am **Secretary of State DOCUMENT # P05000042898** 01-23-2006 90099 040 ***150.00 E & J CARPET CLEANING SERVICE INC Principal Place of Business Mailing Address **EUUDPOT** 4782 POTTER SPRINGS RD 4782 POTTER SPRINGS RD VERNON, FL 32462 US VERNON, FL 32462 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182006 CR2E034 (11/05) 4. FEI Number 68-0611848 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8,75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCCALL, JAMES JR Street Address (P.O. Box Number is Not Acceptable) 4782 POTTER SPRINGS RD VERNON, FL 32462 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Change ☐ Addition TITLE ☐ Delete TITLE MCCALL, JAMES JR NAME NAME 4782 POTTER SPRINGS RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERNON, FL 32405 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE MCCALL, EVA NAME NAME 4782 POTTER SPRINGS RD STREET ADDRESS STREET ADDRESS VERNON, FL 32462 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition MCCALL, JAMES L NAME 4782 POTTER SPRINGS RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERNON, FL 32462 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-9T-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS 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 attachyrent with an address, with all other like empowered.

ICER OR DIRECTOR

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