

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000076760

FILED
Sep 15, 2006
Secretary of State

Entity Name: DUN RITE CARPET CARE & SPAS, INC.

Current Principal Place of Business:

10488 SE 464C
OCKLAWAHA, FL 32179

New Principal Place of Business:

Current Mailing Address:

10488 SE 464C
OCKLAWAHA, FL 32179

New Mailing Address:

FEI Number: 27-0123326 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIKENJANSKI, JOHN
10488 SE 464C
OCKLAWAHA, FL 32179 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: P () Delete
Name: SHIKENJANSKI, JOHN
Address: 10488 SE 464C
City-St-Zip: OCKLAWAHA, FL 32179

Title: VP () Delete
Name: SHIKENJANSKI, LYNORA
Address: 10488 SE 464C
City-St-Zip: OCKLAWAHA, FL 32179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN SHIKENJANSKI

P

09/15/2006

Electronic Signature of Signing Officer or Director

_____ Date