

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000077188 1. Entity Name GAINESVILLE CARPET CARE & RESTORATION, INC.	
--	---

Principal Place of Business 4411 NW 32ND STREET GAINESVILLE, FL 32605	Mailing Address 4411 NW 32ND STREET GAINESVILLE, FL 32605
---	---

DO NOT WRITE IN THIS SPACE



04212008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2909079	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

**SANTARSIERO, MICHAEL T
4411 NW 32ND STREET
GAINESVILLE, FL 32605**

DO NOT WRITE IN THIS SPACE

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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANTARSIERO, RACHAEL 4411 NW 32ND STREET GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTARSIERO, MICHAEL T 4411 NW 32ND STREET GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000916804
05/13/08-80008-024 150.00

DO NOT WRITE IN THIS SPACE

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 attachment with an address, with all other like empowered.

SIGNATURE: *Rachael Santarsiero* **RACHAEL SANTARSIERO** 4/21/08 352-336-9136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #