

**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      Mailing Address  
**4411 NW 32ND STREET**      **4411 NW 32ND STREET**  
**GAINESVILLE, FL 32605**      **GAINESVILLE, FL 32605**

**DO NOT WRITE IN THIS SPACE**



04212008    No Chg-P    CR2E034 (11/05)

4. FEI Number  
**20-2909079**      Applied For  
 Not Applicable

5. Certificate of Status Desired        **\$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	P
NAME	SANTARSIERO, RACHAEL
STREET ADDRESS	4411 NW 32ND STREET
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	D
NAME	SANTARSIERO, MICHAEL T
STREET ADDRESS	4411 NW 32ND STREET
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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 #