## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address

SIGNATURE AND

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## Apr 20, 2006 8:00 am Secretary of State 04-20-2006 90196 030 \*\*\*150.00 DOCUMENT # P05000106500 1. Entity Name MAGIC CARPET & UPHOLSTERY CLEANING INC Principal Place of Business Mailing Address 40055245 **12331 HURON ST** 12331 HURON ST SPRING HILL, FL 34609 US SPRING HILL, FL 34609 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04012006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-3235541 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired G. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OCUTO, JOHN F Street Address (P.O. Box Number is Not Acceptable) **12331 HURON ST** SPRING HILL, FL 34609 City Zip Code 8. The above named entity submits this statement to 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, M d tide it applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition OCUTO, JOHN F NAME NAME STREET ADDRESS **12331 HURON ST** STREET ADDRESS CITY-ST-7IP SPRING HILL, FL 34609 CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7F 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 chanced, or on an attachment with an address—with all other five empowered.

**FILED** 

Daytime Phone #