

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 12, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90206 044 \*\*\*150.00

<b>DOCUMENT # P05000107325</b> 1. Entity Name <b>HOMEPRIDE CARPET CARE, INC.</b>			
Principal Place of Business <b>7006 ATLANTIC BLVD JACKSONVILLE FL 32211</b>		Mailing Address <b>7006 ATLANTIC BLVD JACKSONVILLE FL 32211</b>	
2. Principal Place of Business <i>Home Pride Carpet Care</i> Suite, Apt. #, etc. <i>Apt. 1B</i>		3. Mailing Address <i>1000 3rd St.</i> Suite, Apt. #, etc. <i>11</i>	
City & State <i>Meriden Beach</i> Zip <i>32366</i> Country		City & State <i>11</i> Zip <i>11</i> Country <i>U.S</i>	
4. FEI Number <b>59-362502Y</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ESPINOSA, JOSEPH 7006 ATLANTIC BLVD JACKSONVILLE FL 32211</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and line if applicable (NOTE: Registered Agent signature required when renewing)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV ESPINOSA, JOSEPH 7006 ATLANTIC BLVD JACKSONVILLE FL 32211	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Joseph A. Espinosa</i> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR</small>		Date <i>6-09-06</i> _____ <small>Daytime Phone #</small>	