2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 07, 2007 8:00 am Secretary of State DOCUMENT # P06000063066 1. Entity Name 03-07-2007 90019 034 ***150.00 JACK'S CARPET CLEANING, INC. Principal Place of Business Mailing Address 8401 FLORENCE DRIVE PORT ST. LUCIE FL 34952 8401 FLORENCE DRIVE PORT ST. LUCIE FL 34952 Mailing Address Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VINING, JACK A 8401 FLORENCE DRIVE PORT ST. LUCIE FL 34952 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 DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ШЕ Delete TITLE ★ Change ☐ Addition VINING, JACK A NAME NAME 8401 FLORENCE DRIVE STREET ADDRESS STREET ADORESS PORT ST. LUCIE FL 34952 CHY-\$1-7iP CITY-ST-7IP HILE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP THEF ☐ Delete III Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY - S1 - 7IP ☐ Delele ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIFLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SI-7IP 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 eath; 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.

FILED