

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000118240

1. Entity Name
FRIENDLY CARPET CARE, INC.



Principal Place of Business
5620 CEDAR STREET
ST PETERSBURG, FL 33703 US

Mailing Address
5620 CEDAR STREET
ST PETERSBURG, FL 33703 US

FILED
Sep 18, 2008 08:00 AM
Secretary of State



09102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5541751

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THORNTON, ROBERT W
5620 CEDAR STREET
ST PETERSBURG, FL 33703

**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.

U00000959898
09/18/08-80005-012 150.00

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	THORNTON, ROBERT W
STREET ADDRESS	5620 CEDAR STREET
CITY-ST-ZIP	ST PETERSBURG, FL 33703
TITLE	VP
NAME	THORNTON, JEFFERY S
STREET ADDRESS	5620 CEDAR STREET
CITY-ST-ZIP	ST PETERSBURG, FL 33703
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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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #