## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000056443

Entity Name: ROY'S CARPET CARE INC

FILED Mar 18, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1656 TIGARD STREET SE 1117 DEGROODT RD SW PALM BAY, FL 32909 PALM BAY, FL 32908

Current Mailing Address: New Mailing Address:

1656 TIGARD STREET SE 1117 DEGROODT RD SW PALM BAY, FL 32909 PALM BAY, FL 32908

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEES, BEN LEES, BEN

1656 TIGARD STREET SE 1117 DEGROODT RD SW PALM BAY, FL 32909 US PALM BAY, FL 32908 US

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.

SIGNATURE: BEN LEES 03/18/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

Name: LEES, BEN Name: LEES, BEN

 Address:
 1656 TIGARD STREET SE
 Address:
 1117 DEGROODT RD SW

 City-St-Zip:
 PALM BAY, FL 32909
 City-St-Zip:
 PALM BAY, FL 32908

 Name:
 LEES, KATHLEEN
 Name:
 LEES, KATHLEEN

 Address:
 8236 96TH AVE
 Address:
 8235 96TH AVE SW

 City-St-Zip:
 VERO BEACH, FL 32967
 City-St-Zip:
 VERO BEACH, FL 32967

Name: LEES, KRISTIN Name: LEES, KRISTIN

 Address:
 1556 TIGARD STREET SE
 Address:
 1117 DEGROODT RD SW

 City-St-Zip:
 PALM BAY, FL 32909
 City-St-Zip:
 PALM BAY, FL 32908

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTIN LEES T 03/18/2008