

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000041190

FILED  
Jan 13, 2011  
Secretary of State

**Entity Name:** IDEAL CARPET AND UPHOLSTERY CARE INC.

**Current Principal Place of Business:**

855 S W GRAND RESERVES BLVD.  
PORT ST LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

855 S W GRAND RESERVES BLVD.  
PORT ST LUCIE, FL 34986

**New Mailing Address:**

**FEI Number:** 90-0362498

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SELINGER, MARK  
855 SW GRAND RESERVES BLVD  
PORT ST LUCIE, FL 34986 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P,  
Name: SELINGER, MARK  
Address: 855 S W GRAND RESERVES BLVD  
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: S  
Name: MARK, SELINGER  
Address: 855 GRAND RESERVES BLVD  
City-St-Zip: PORT ST LUCIE, FL

Title: T  
Name: MARK, SELINGER  
Address: 855 GRAND RESERVES BLVD  
City-St-Zip: POR ST LUCIE, FL 34986

I hereby 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 all other like empowered.

SIGNATURE: MARK SELINGER

PRES

01/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date