


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90014 042 ***150.00

DOCUMENT # P93000059070 1. Entity Name C & L CARPET CARE, INC.																																																																																																																																									
Principal Place of Business 3604 TAYLOR ST SUITE 1 HOLLYWOOD, FL 33021 US			Mailing Address 3604 TAYLOR ST SUITE 1 HOLLYWOOD, FL 33021 US																																																																																																																																						
2. Principal Place of Business - No P.O. Box # 431 S.E. 3rd ST. #204		3. Mailing Address 431 S.E. 3rd ST #204																																																																																																																																							
Suite, Apt. #, etc. #204		Suite, Apt. #, etc. #204																																																																																																																																							
City & State DANIA, FL		City & State DANIA, FL		4. FEI Number 65-0428997																																																																																																																																					
Zip 33004		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																					
6. Name and Address of Current Registered Agent ROGERS, LARRY 3604 TAYLOR ST SUITE 1 HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 431 S.E. 3rd ST., #204 City DANIA FL Zip Code 33004																																																																																																																																						
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE NAME</td> <td style="width: 55%; padding: 2px;"> P RODGERS, LARRY </td> <td style="width: 10%; padding: 2px; text-align: center;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE NAME</td> <td style="width: 55%; padding: 2px;"> 431 S.E. 3rd ST., #204 DANIA, FL 33004 </td> <td style="width: 10%; padding: 2px; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">3604 TAYLOR ST SUITE 1</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">HOLLYWOOD, FL 33021</td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">DANIA, FL 33004</td> <td></td> </tr> <tr><td colspan="6" style="padding: 2px;"> </td></tr> <tr> <td style="padding: 2px;">TITLE NAME</td> <td style="padding: 2px;"></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE NAME</td> <td style="padding: 2px;"></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="6" style="padding: 2px;"> </td></tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr><td colspan="6" style="padding: 2px;"> </td></tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr><td colspan="6" style="padding: 2px;"> </td></tr> <tr> <td style="padding: 2px;">TITLE NAME</td> <td style="padding: 2px;"></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE NAME</td> <td style="padding: 2px;"></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="6" style="padding: 2px;"> </td></tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr><td colspan="6" style="padding: 2px;"> </td></tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr><td colspan="6" style="padding: 2px;"> </td></tr> <tr> <td style="padding: 2px;">TITLE NAME</td> <td style="padding: 2px;"></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE NAME</td> <td style="padding: 2px;"></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="6" style="padding: 2px;"> </td></tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr><td colspan="6" style="padding: 2px;"> </td></tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE NAME	P RODGERS, LARRY	<input type="checkbox"/> Delete	TITLE NAME	431 S.E. 3rd ST., #204 DANIA, FL 33004	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	3604 TAYLOR ST SUITE 1		STREET ADDRESS			CITY - ST - ZIP	HOLLYWOOD, FL 33021		CITY - ST - ZIP	DANIA, FL 33004								TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition							STREET ADDRESS			STREET ADDRESS									CITY - ST - ZIP			CITY - ST - ZIP									TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition							STREET ADDRESS			STREET ADDRESS									CITY - ST - ZIP			CITY - ST - ZIP									TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition							STREET ADDRESS			STREET ADDRESS									CITY - ST - ZIP			CITY - ST - ZIP		
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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: <u><i>Larry Rodgers</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			LARRY RODGERS PRESIDENT																																																																																																																																						
Date <u>2/11/08</u>			Daytime Phone # <u>954-922-8857</u>																																																																																																																																						