


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000062504 1. Entity Name RANDY'S CARPET CLEANING, INC.																													
Principal Place of Business 8399 81ST STREET NORTH SEMINOLE, FL 34647			Mailing Address 8399 81ST STREET NORTH SEMINOLE, FL 34647																										
2. Principal Place of Business			3. Mailing Address																										
Suite, Apt. #, etc.			Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country	Zip		Country																								
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																									
SCOTT, RANDALL D 8399 81ST STREET NORTH SEMINOLE, FL 34647				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SCOTT, RANDAL D</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8399 81ST STREET NORTH</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>SEMINOLE, FL 33777</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>000000295769</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>04/09/05-80043-005 150.00</td> <td></td> </tr> </table> </div> </div>						TITLE	D	<input type="checkbox"/> Delete	NAME	SCOTT, RANDAL D		STREET ADDRESS	8399 81ST STREET NORTH		CITY - ST - ZIP	SEMINOLE, FL 33777		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	000000295769		CITY - ST - ZIP	04/09/05-80043-005 150.00	
TITLE	D	<input type="checkbox"/> Delete																											
NAME	SCOTT, RANDAL D																												
STREET ADDRESS	8399 81ST STREET NORTH																												
CITY - ST - ZIP	SEMINOLE, FL 33777																												
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME																													
STREET ADDRESS	000000295769																												
CITY - ST - ZIP	04/09/05-80043-005 150.00																												
TITLE		NAME		STREET ADDRESS																									
CITY - ST - ZIP		CITY - ST - ZIP		CITY - ST - ZIP																									
TITLE		NAME		STREET ADDRESS																									
CITY - ST - ZIP		CITY - ST - ZIP		CITY - ST - ZIP																									
TITLE		NAME		STREET ADDRESS																									
CITY - ST - ZIP		CITY - ST - ZIP		CITY - ST - ZIP																									
TITLE		NAME		STREET ADDRESS																									
CITY - ST - ZIP		CITY - ST - ZIP		CITY - ST - ZIP																									
TITLE		NAME		STREET ADDRESS																									
CITY - ST - ZIP		CITY - ST - ZIP		CITY - ST - ZIP																									

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.

SIGNATURE: Randall Scott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____