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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000073460

1. Entity Name
NATIONAL CARPET CARE OF DUVAL, INC.

Principal Place of Business	Mailing Address
6900 PHILIPS HIGHWAY SUITE 36 JACKSONVILLE, FL 32216 US	518 DOUGLAS AVE 1234 ALTAMONTE SPRINGS, FL 32714 US

DO NOT WRITE IN THIS SPACE

01102006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3269068
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOWLING, CLINT V
518 DOUGLAS AVE.
SUITE 1234
ALTAMONTE SPRINGS, FL 32714

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	BOWLING, CLINT V
STREET ADDRESS	518 DOUGLAS AVE., STE. 1234
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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: _____ 01/23/06 321-377-0142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

407662.2990