

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P95000058216**

1. Entity Name  
**RITZ CARPET CARE, INC.**



Principal Place of Business  
**6905 N. COUNTRY ROAD 427  
SANFORD, FL 32773**

Mailing Address  
**6905 N. COUNTRY ROAD 427  
SANFORD, FL 32773**

**DO NOT WRITE IN THIS SPACE**



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3329436**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**TROXEL, WAYNE  
6905 N CR 427  
SANFORD, FL 32773**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **TROXEL, WAYNE G**  
STREET ADDRESS **6905 N CR 427**  
CITY-ST-ZIP **SANFORD, FL**

TITLE **D**  
NAME **TROXEL, PATRICIA L**  
STREET ADDRESS **6905 N CR 427**  
CITY-ST-ZIP **SANFORD, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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01/24/08-80010-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Patricia Troxel**

**1/16/08**

Date

Daytime Phone #

**407-324-1714**