

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000086966

1. Entity Name
KARPET DOCTOR SPECIALISTS, INC.



Principal Place of Business
**3831 S ATLANTIC AVE
UNIT 702
DAYTONA BEACH SHORES, FL 32118**

Mailing Address
**3831 S ATLANTIC AVE
UNIT 702
DAYTONA BEACH SHORES, FL 32118**



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3417265

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DAVIDSON, EMMETT J
3831 S ATLANTIC AVE
UNIT 702
DAYTONA BEACH SHORES, FL 32118**

**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 state if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**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	P
NAME	DAVIDSON, EMMETT J
STREET ADDRESS	3831 S ATLANTIC AVE, UNIT 702
CITY-ST-ZIP	DAYTONA BEACH SHORES, FL 32118
TITLE	VP
NAME	DAVIDSON, DELILAH K
STREET ADDRESS	3831 S ATLANTIC AVE, UNIT 702
CITY-ST-ZIP	DAYTONA BEACH SHORES, FL 32118
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000410855
02/09/06-80053-015 150.00

**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: *Delilah K Davidson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/27/06 386-253-3330
Date Daytime Phone # 416