2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State
02-23-2005 90081 035 ***150.00

DOCUMENT # P96000095375

1. Entity Name
PRO-CLEAN CARPET CARE, INC.

Principal Place of Business	Mailing Address
~~6316 SAN JUAN AVE~~ #16 JACKSONVILLE FL 32210 US	~~6316 SAN JUAN AVE~~ #16 JACKSONVILLE FL ~~32210~~ US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. Pro-Clean Carpet Care, Inc. 950-23 Blanding Blvd. #304 Orange Park, Florida 32065-5912	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/04)

4. FEI Number 59-3411435 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BURTON, ROBERT H ~~6316 SAN JUAN AVE~~ ~~JACKSONVILLE FL 32210~~ Pro-Clean Carpet Care, Inc. 950-23 Blanding Blvd. #304 Orange Park, Florida 32065-5912	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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] 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, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BURTON, ROBERT H ~~6316 SAN JUAN AVE #16~~ JACKSONVILLE FL ~~32210~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BURTON ROBERT Pro-Clean Carpet Care, Inc. 950-23 Blanding Blvd. #304 Orange Park, Florida 32065-5912 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #