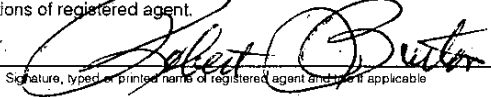
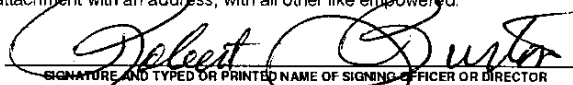


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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 6316 SAN JUAN AVE JACKSONVILLE FL 32210 US			Mailing Address 6316 SAN JUAN AVE 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 Orange Park, Florida 32065-5912		City & State 		4. FEI Number 59-3411435	
Zip 		Country 		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURTON, ROBERT H 6316 SAN JUAN AVE JACKSONVILLE FL 32210				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Pro-Clean Carpet Care, Inc. 950-23 Blanding Blvd. #304 Orange Park, Florida 32065-5912 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:  (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 \$5.00 May Be Added to Fees Trust Fund Contribution. ☐	
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 JACKSONVILLE FL 32210		☐ Delete		
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					