# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P97000016710**

1. Entity Name
CHARLEY'S MAGIC CARPET CLEANING COMPANY INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5792 SUN POINTE CR | 5792 SUN POINTE CR |
| BOYNTON BEACH, FL 33437   US | BOYNTON BEACH, FL 33437   US |

## DO NOT WRITE IN THIS SPACE

quoJJ****

04252007    No Chg-P    CR2E034 (11/05)

| 4. FEI Number | Applied For |
|---|---|
| 65-0731250 | Not Applicable |

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

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

EDMONDS, CHARLES S
5792 SUN POINTE CR
BOYNTON BEACH, FL 33437

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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 _____

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, 2007 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 | EDMONDS, C |
| STREET ADDRESS | 5792 SUN POINTE CR |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33437 |

| TITLE | VP |
|---|---|
| NAME | EDMONDS, A M |
| STREET ADDRESS | 5702 SUN POINTE CIR |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33437 |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| TITLE | |
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| NAME | |
| STREET ADDRESS | |
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| 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:** _____    4-27-07    (561 735 0138)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #