

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000021811

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** SUN COAST CARPET CARE, INC.

**Current Principal Place of Business:**

170 - I COLLEGE DR  
ORANGE PARK, FL 32065 US

**New Principal Place of Business:**

170 COLLEGE DR  
SUITE I  
ORANGE PARK, FL 32065 US

**Current Mailing Address:**

170 - I COLLEGE DR  
ORANGE PARK, FL 32065 US

**New Mailing Address:**

170 COLLEGE DR  
SUITE I  
ORANGE PARK, FL 32065 US

FEI Number: 59-3439455

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REEVES, MICHAEL D  
1338 ALLIE MURRAY RD  
MIDDLEBURG, FL 32068 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: O  
Name: REEVES, MICHAEL D  
Address: 1338 ALLIE MURRAY RD  
City-St-Zip: MIDDLEBURG, FL 32068

Title: O  
Name: REEVES, MELISSA A  
Address: 1338 ALLIE MURRAY RD  
City-St-Zip: MIDDLEBURG, FL 32068

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MELISSA REEVES

V.P.

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date