


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2005 8:00 am**  
**Secretary of State**

02-25-2005 90156 025 \*\*\*150.00

**DOCUMENT # P97000060959**

1. Entity Name  
**EXPERT CARPET CLEANING, INC.**



Principal Place of Business      Mailing Address  
**5765 89TH AVE.**      **P O BOX 3077**  
**PINELLAS PARK, FL 33782 US**      **PINELLAS PARK, FL 33780 US**

**50019264**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

02032005    Chg-P    CR2E034 (10/03)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-3462168**      Not Applicable

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


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

**JAMES MCDANNEL JR**  
**8030 65TH ST N**  
**PINELLAS PARK, FL 33781**

**7. Name and Address of New Registered Agent**

Name **James McDaniel Jr.**  
 Street Address (P.O. Box Number is Not Acceptable) **5765 89th Ave.**  
**Pinellas Park**  
 City **FL**      Zip Code **33782**

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  **James McDaniel Jr. Pres**      DATE **2/22/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MCDANNEL, JAMES W 8030 65TH ST N PINELLAS PARK, FL 33781	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DEBRA MCDANNEL 8030 65TH ST N PINELLAS PARK, FL 33781	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD McDaniel, James W. 5765 89th Ave Pinellas Park, FL 33782	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Debra McDaniel 5765 89th Ave Pinellas Park, FL 33782	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **James McDaniel Pres**      DATE **2/22/05**

Signature and typed or printed name of signing officer or director

Debit Phone  
**727-544-7529**