## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P98000000110**

1. Entity Name

**CROSS CARPET CLEANING COMPANY** 



FILED May 02, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

**6222 CANARY STREET** SARASOTA, FL 34241

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CR2E034 (11/05) No Chg-P 02008

4. FEI Number 65-0809016 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STOLTZFUS, TODD M **6222 CANARY STREET** SARASOTA, FL 34241

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plions of registered agent.	ourpose of changing its registered of	ffice or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered Agr	ent signature	a required when reinstating)	DATE
Fil After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.	g	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STOLTZFUS, TODD M 6222 CANARY STREET SARASOTA, FL 34241				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000946394 05/30/08-80047-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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.

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

Juliu m Sufficiency To, signature and typed or printed name of signing officer or director

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4-30.08