

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P98000007137**

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



Principal Place of Business  
**1713 SILVER STAR RD  
ORLANDO, FL 32804**

Mailing Address  
**1713 SILVER STAR RD  
ORLANDO, FL 32804**

2. Principal Place of Business  
**1713 Silver Star Rd.**

3. Mailing Address  
**1713 Silver Star**

Suite, Apt. #, etc.

City & State  
**Orl. Fl.**

City & State  
**Orl. Fl.**

Zip  
**32804**

Country  
**USA**

FILED

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SECRET  
TALLAHASSEE, FLORIDA

6-17-2005 90004 042



450.00

05202005 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3488958**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CLARK, NATHANIEL L  
5910 GAMBLE DR  
ORLANDO, FL 32808**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating)

DATE *[Date]*

**FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARK, NATHANIEL L 5910 GAMBLE DR ORLANDO, FL 32808 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* **6-14-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #