2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 29, 2007 08:00 AM Secretary of State DOCUMENT # P98000061907 1. Entity Name ADAMS CARPET CLEANING, INC. Principal Flace of Business Mailing Address 8682 SE DUCAN ST. 8682 SE DUCAN ST. HOBE SOUND FL 33456 HOBE SOUND FL 33456 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) Applied For City & State City & State 4. FEI Number 65-0135212 Not Applicat Zip Country Zìp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo ADAMS, FRANK 8682 SÉ DUCAN ST. Street Address (P.O. Box Number is Not Acceptable) HOBE SOUND FL 33456 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 acceptable to the purpose of changing its registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title - applicable (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 8 After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Adding 1111 11111 ☐ Dolete ADAMS, FRANK NAME NAM U000000607918 8682 SE DUCAN ST. STREET ADDRESS SINET ADDRESS 01/31/07-80057-001 150.00 HOBE SOUND FL 33456 CITY SLZIP CITY SEZIP ☐ Changé ■ 6.5.*.* ☐ Delete IIII Hitts NAME NAME STREET ADDRESS STREET ADDRESS OHY SEZIP CHY-SU/IP ☐ Change 11111 ☐ Delete HITTE NAME NAME SHIELL ADDRESS STREET ADDRESS CHY SL ZIP CITY STATE Change Arr 11111 ☐ Delete HIIIT MAM NAM SHREET ADDRESS STREET ADDRESS CHY SI /IP CHY ST ZIP ☐ Delete **∏** A₁ ☐ Change THIS 11111 NAM NAM STREET ADDRESS STREET ADDRESS CHY SI 71 CRY SL ZIP □ ^ · · MILE ☐ Change 1111 ☐ Delete NAM NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CHY SI ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am an officer or direction 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 1 if shanced, or on an attachment with an address, with all other like empowered.

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