


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000006209 1. Entity Name NEWMANS' CARPET CARE, INC.	
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Principal Place of Business 3810 S.E. 12TH PLACE CAPE CORAL, FL 33904	Mailing Address 3810 S.E. 12TH PLACE CAPE CORAL, FL 33904
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04192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0894063	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NEWMANS, SHANNON
3810 S.E. 12TH PLACE
CAPE CORAL, FL 33904**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE _____

**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 PT	NEWMANS, SHANNON
NAME	
STREET ADDRESS	3810 SE 12TH PL
CITY-ST-ZIP	CAPE CORAL, FL 33904

TITLE VPS	NEWMANS, WILLIAM
NAME	
STREET ADDRESS	3810 SE 12TH PL
CITY-ST-ZIP	CAPE CORAL, FL 33904

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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04/25/05-60022-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **SHANNON NEWMANS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-2005

Date

239-691-0996

Daytime Phone #