


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2006 8:00 am
Secretary of State

07-26-2006 90002 017 ***150.00

DOCUMENT # P99000067859	
1. Entity Name BIRCH CARPET AND SERVICE, INC.	

Principal Place of Business 4737 DOBERMAN STREET ORLANDO, FL 32818	Mailing Address 4737 DOBERMAN STREET ORLANDO, FL 32818
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50023234



2. Principal Place of Business	3. Mailing Address P.O. Box 393
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07122006 Chg-P CR2E034 (11/05)

City & State Orlando, FL	4. FEI Number 59-3591812	Applied For <input type="checkbox"/> Not Applicable
Zip 32710-0393	Country Orange	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BIRCH, EVA 4737 DOBERMAN STREET ORLANDO, FL 32818		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BIRCH, MORRIS 4737 DOBERMAN STREET ORLANDO, FL 32818 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BIRCH, EVA 4737 DOBERMAN STREET ORLANDO, FL 32818 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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.

SIGNATURE: Eva Birch DV **7-22-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 4737 Doberman St
50023234 orl Fl-32818
7-20-06.

Dear Sir / Madam,
"We" did not
received the first form
that was mailed out in
January or May. I don't
know when it was mailed.
This had ~~happ~~ happened
before. I think it happened
twice before.

I spoke to one of
your agent and he
suggested that I get
a post office box.
and this is what I am
doing. So in the future
all mails will go there.
I am asking you to
waive the \$550.00 fee

Thanks you Very Much

P.O. Box 393.

CLARCONA FL 32710-0393

Eva Berche D.V.
Vice President.

Ref # P99000067859

Letter # 806A00044912.