


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90160 020 ***150.00

DOCUMENT # V01018	
1. Entity Name PERSONS CARPET CARE, INC.	

Principal Place of Business 1013 AQUA LANE FORT MYERS, FL 33919	Mailing Address 1013 AQUA LANE FORT MYERS, FL 33919
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40033031

2. Principal Place of Business 16660 Wisteria Dr	3. Mailing Address 16660 Wisteria Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ft Myers FL	City & State Ft Myers FL
Zip 33908	Zip 33908
Country USA	Country USA



03222005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0300148	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PERSONS, JEFFREY A. 1013 AQUA LANE FORT MYERS, FL 33919	7. Name and Address of New Registered Agent Name: Persons, Jeffrey A. Street Address (P.O. Box Number is Not Acceptable): 16660 Wisteria Dr City: Ft Myers FL Zip Code: 33908
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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: SAME PERSONS Just New Business Address	DATE: 4-5-05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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	P PERSONS, JEFFREY A. 1013 AQUA LANE FT. MYERS, FL <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	<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 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: J. A. Persons	Date: 4-5-05 Daytime Phone #: 239-277-7885