

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000103712

FILED  
Apr 29, 2007  
Secretary of State

Entity Name: MASTER TECH PRESSURE WASHING, INC.

**Current Principal Place of Business:**

9320 RIDGE BLVD  
JACKSONVILLE, FL 32208

**New Principal Place of Business:**

**Current Mailing Address:**

9320 RIDGE BLVD  
JACKSONVILLE, FL 32208

**New Mailing Address:**

FEI Number: 47-0933925      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAYNES, POMMIE LEE DP  
9320 RIDGE BLVD  
JACKSONVILLE, FL 32208      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: HAYNES, POMMIE LEE DP  
Address: 9320 RIDGE BLVD  
City-St-Zip: JACKSONVILLE, FL 32208

Title: DV ( ) Delete  
Name: HAYNES, ALFONSO  
Address: 9320 RIDGE BLVD  
City-St-Zip: JACKSONVILLE, FL 32208

Title: DS ( ) Delete  
Name: HAYNES, TOSHA  
Address: 9320 RIDGE BLVD  
City-St-Zip: JACKSONVILLE, FL 32208

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: HAYNES, TOSHA D  
Address: 9320 RIDGE BLVD  
City-St-Zip: JACKSONVILLE, FL 32208

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: POMMIE LEE HAYNES

DP

04/29/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date