


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000143439 1. Entity Name AARON PRESSUREWASHES, INC.	
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Principal Place of Business 10824 ALAFIA STR GIBSONTON FL 33534	Mailing Address 10824 ALAFIA STR GIBSONTON FL 33534
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	27-0073622	<input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

**GAVRIAN, AARON E PRES
10824 ALAFIA STR
GIBSONTON FL 33534**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** 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 accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	GAVRIAN, AARON E
STREET ADDRESS	10824 ALAFIA STR
CITY - ST - ZIP	GIBSONTON FL 33534
TITLE	VP <input type="checkbox"/> Delete
NAME	GAVRIAN, ANGIE L
STREET ADDRESS	10824 ALAFIA STR
CITY - ST - ZIP	GIBSONTON FL 33534
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	01/28/05-80063-001-150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Aaron E. Gavrian 1/23/05 813 677 5129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #