2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State
05-05-2008 90254 049 ***150.00

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1. Entity Name
DAVID NIEBEL PAINTING AND PRESSURE CLEANING, INC.

4UUJ7410

02212008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
2564 2ND ST SW VERO BEACH, FL 32962	2564 2ND ST SW VERO BEACH, FL 32962

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
940 29th Ct	940 29th Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Vero Beach	City & State: Vero Beach
Zip: 32960 Country: US	Zip: 32960 Country: US

4. FEI Number 20-1285394 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NIEBEL, DAVID 2564 2ND ST SW VERO BEACH, FL 32962	Name Street Address (P.O. Box Number is Not Acceptable) 940 29th Ct City Vero Beach FL Zip Code 32960

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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: NIEBEL, DAVID STREET ADDRESS: 2564 2ND ST SW CITY-ST-ZIP: VERO BEACH, FL 32962	☐ Delete	TITLE: NAME: STREET ADDRESS: 940 29th Ct CITY-ST-ZIP: Vero Beach FL 32960	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: ____________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #