

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 SEP 15 PM 4:00


SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09102008 Chg-P CR2E034 (12/06)

DOCUMENT # P04000082980

1. Entity Name
#1 PRESSURE CLEANING, INC.



Principal Place of Business Mailing Address

4300 SW 10TH ST.
LEHIGH ACRES, FL 33971

4300 SW 10TH ST.
LEHIGH ACRES, FL 33971

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

20521 Torre Del Lago St. **20521 Torre Del Lago St.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Estero, FL **Estero, FL**

Zip Country Zip Country

33928 **USA** **33928** **USA**

4. FEI Number Applied For

34-1995559 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAIN, ERIN J
4300 SW 10TH ST.
LEHIGH ACRES, FL 33971

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 re-registering)

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

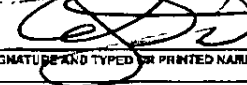
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	SAIN, ERIN J
STREET ADDRESS	4300 SW 10TH ST.
CITY-ST-ZIP	LEHIGH ACRES, FL 33971
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	20521 Torre Del Lago St.
CITY-ST-ZIP	Estero, FL 33928
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	300135964589
CITY-ST-ZIP	03/16/08--01020--007 **150.00
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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplementary 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 an other like empowered.

SIGNATURE:  **ERIN SAIN** **9/10/08** **239-410-8184**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #