2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000112394

FILED Jan 17, 2009 Secretary of State

Entity Name: TOM HEIDEN PAINTING & PRESSURE WASHING, INC.

| Current Principal Place of Business: | | New Principal Place of Business: | | |
|--|--|---|---|---|
| | BERS LANDING DLA, FL 32505 | US | | |
| Current Mailing Address: | | New Mailing Address: | | |
| | BERS LANDING DLA, FL 32505 | US | | |
| FEI Number | : 20-1442127 | FEI Number Applied For () | FEI Number Not Applicable (|) Certificate of Status Desired () |
| Name and | d Address of Cu | urrent Registered Agent: | Name and Addre | ess of New Registered Agent: |
| 4042 EMB | THOMAS E BERS LANDING DLA, FL 32505 | US | | |
| LINOACC | JLA, I L 32303 | | | |
| The above | · | ubmits this statement for the | purpose of changing its regis | stered office or registered agent, or both, |
| The above | e named entity so e of Florida. | ubmits this statement for the | purpose of changing its regis | stered office or registered agent, or both, |
| The above in the Stat | e named entity si e of Florida. RE: | ubmits this statement for the | | stered office or registered agent, or both, Date |
| The above in the Stat SIGNATU | e named entity si e of Florida. RE: Electroni | | | |
| The above in the Stat SIGNATU Election Ca | e named entity si e of Florida. RE: Electroni | c Signature of Registered Ag Trust Fund Contribution (). | ent | |
| The above in the Stat SIGNATU Election Ca | e named entity si e of Florida. RE: Electronion mpaign Financing S AND DIRECT | c Signature of Registered Ag Trust Fund Contribution (). CORS: Delete IS E ANDING | ent | Date |
| The above in the Stat SIGNATU Election Ca OFFICER Title: Name: Address: | e named entity si e of Florida. RE: Electronic mpaign Financing S AND DIRECT P () I HEIDEN, THOMA 4042 EMBERS L PENSACOLA, FL | c Signature of Registered Ag Trust Fund Contribution (). FORS: Delete AS E ANDING - 32505 US Delete J LANDING | ent ADDITIONS/CHA Title: Name: Address: | Date ANGES TO OFFICERS AND DIRECTORS |

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: THOMAS HEIDEN P 01/17/2009