

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000040089
 1. Entity Name
 WEST COAST TROPICAL PRESSURE CLEANING, INC.



Principal Place of Business Mailing Address
 10829 OAKDALE TERRACE 10829 OAKDALE TERRACE
 SEMINOLE, FL 33772 SEMINOLE, FL 33772

DO NOT WRITE IN THIS SPACE



04132007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 86-1134663 Not Applicable

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

6. Name and Address of Current Registered Agent
 FISCEL, BRADLEY A O
 10829 OAKDALE TERRACE
 SEMINOLE, FL 33772

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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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FISCEL, BRADLEY
STREET ADDRESS	10829 OAKDALE TERRACE
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	D
NAME	FISCEL, BRADLEY
STREET ADDRESS	10829 OAKDALE TERRACE
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	V
NAME	FISCEL, DIANE M
STREET ADDRESS	10892 OAKDALE TERRACE
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/27/07-80039-024 150.00

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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: *Bradley A. Fisel* Bradley A. Fisel 4-12-07 (727)320-0667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #