

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR).

FILED
Aug 23, 2007 8:00 am
Secretary of State

08-23-2007 90021 042 ***150.00

DOCUMENT # P99000029957

1. Entity Name:
 MOBILE HOSE & SPRAY OF S.W. FLORIDA, INC.



Principal Place of Business Mailing Address
 708 PIONEER TRAIL 708 PIONEER TRAIL
 NAPLES FL 34117 NAPLES FL 34117
 US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

2nd MOORE CR2E034 (4/07)

City & State City & State
 Zip Country Zip Country

4. FEI Number 65-0906248 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

HACKNEY, STEVE Q
 708 PIONEER TRAIL
 NAPLES FL 34117

Name
 Street Address (P.O. Box)
 City, State, Zip

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 _____ (NOTE: Registered Agent signature required when re-registered) DATE _____

FILE NOW!!! FEE IS \$550.00
DUE BY September 5, 2007
 Make Check Payable to: Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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 NAME STREET ADDRESS CITY-ST-ZIP	PD HACKNEY, STEVE 708 PIONEER TR NAPLES FL 34117	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ ORIGINAL AND THIRD PARTY NAME OF SIGNING OFFICER OR DIRECTOR

072007 2394553722
 239564976
 Date Corporate Phone #