

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90225 009 ***150.00

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1. Entity Name

ACCURATE PAINTING & PRESSURE WASHING INC.

Principal Place of Business

937 DENTON BLVD.
94
FT. WALTON BEACH FL 32547
US

Mailing Address

937 DENTON BLVD.
94
FT. WALTON BEACH FL 32547
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

73-1721022

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

JORGENSEN, MARNIE A
937 DENTON BLVD.
94
FT. WALTON BEACH FL 32547

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-19-05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 P ☐ Delete
NAME JORGENSEN, MARNIE A
STREET ADDRESS 937 DENTON BLVD. # 94
CITY-ST-ZIP FT. WALTON BEACH FL 32547

TITLE Treasurer ☐ Change ☒ Addition
NAME James T. Webster
STREET ADDRESS 937 Denton Blvd. #94
CITY-ST-ZIP FWB, FL. 32547

TITLE VP ☐ Delete
NAME WEBSTER, JAMES T
STREET ADDRESS 937 DENTON BLVD. # 94
CITY-ST-ZIP FT. WALTON BEACH FL 32547

TITLE Secretary ☐ Change ☒ Addition
NAME James T. Webster
STREET ADDRESS 937 Denton Blvd. #94
CITY-ST-ZIP FWB, FL. 32547

TITLE ~~James T. Webster~~ ☐ Delete
NAME ~~James T. Webster~~
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

James T. Webster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James T. Webster 2/19/05 (850) 585-3303

Date

Daytime Phone #