

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90058 041 ***150.00

DOCUMENT # J97085

1. Entity Name

CARROLLWOOD PRESSURE CLEANING AND PAINTING, INC.



Principal Place of Business

6208 PINA COLADA COURT
TAMPA FL 33634
US

Mailing Address

6208 PINA COLADA COURT
TAMPA FL 33634
US



CARROLLWOOD PRESSURE CLEANING
36 DEER TRAIL CT.
SAFETY HARBOR, FL 34695

CARROLLWOOD PRESSURE CLEANING
36 DEER TRAIL CT.
SAFETY HARBOR, FL 34695

1st MOORE CR2E034 (10/06)

FEI Number 59-2852871

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEVENS, WILLIAM P.
1907 W. KENNEDY BLVD.
TAMPA FL 33606

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

TITLE PD ☐ Delete
NAME HUDD, JOSEPH P.
STREET ADDRESS 36 DEER TRAIL CT
CITY, ST, ZIP SAFETY HARBOR FL 34695

TITLE TS ☐ Delete
NAME HUDD, BETTY M
STREET ADDRESS 36 DEER TRAIL CT
CITY, ST, ZIP SAFETY HARBOR FL 34695

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY, ST, ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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

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

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

TITLE ☐ Change ☐ Addition
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 exemptions contained in Section 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:

J. P. Hudd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/07 813 817-1256
Date Daytime Phone #