2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE DE LA PAMELA C NEVERA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Apr 29, 2004 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # L03000047618 1. Entity Name D.P. PRESSURE CLEANING & PAINTING LLC.					04-29-2004 90070 036 ****50.00
Principal Place	e of Business	Mailing Address	Mailing Address		· .
1010 S. BELAIR DR.		1010 S. BELAIR DR.			
INVERNESS, FL 34450		INVERNESS, FL 34450			
					: (BB)(B)(B)(BB)(B) (B)(BB)(B) (B)(I)
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03262004 Chg-LLC CR2E083 (10/03)
City & State		City & State			4. FEI Number Applied For Not Applied be Not Applied For
Zip	Country	Zíp	Zip Countr		5. Certificate of Status Desired
	6. Name and Address of Current	gistered Agent			7. Name and Address of New Registered Agent
				Name	
NEVERA, 1010 S. BE	PAMELA C FLAIR DR	Street Add		Street Address	s (P.O. Box Number is Not Acceptable)
INVERNESS, FL 34450					
	. 6.			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					
0.00 to 10.00 to 10.0					
Fi D:	iling Fee is \$50.00 ue by May 1, 2004				Make check payable to Florida Department of State
9. MANAGING MEMB		ERS/MANAGERS	RS/MANAGERS 10.		ADDITIONS/CHANGES_
TITLE	MGR	☐ Delete	TITL		☐ Change ☐ Addition
NAME STREET ADDRESS	NEVERA, PAMELA C 1010 S. BELAIR DR.	•	NAM	E ET ADDRESS	
CITY-ST-ZIP	INVERNESS, FL 34450	4		-ST-ZIP	
TITLE	MGR	☐ Delete	TITL	E	☐ Change ☐ Addition
NAME	NEVERA, DENIS J		NAM	i i	
STREET ADDRESS CITY-ST-ZIP.	1010 S, BELAIR DR. INVERNESS, FL 34450			ET ADDRESS '-ST-ZIP	
TITLE	114VERNESS, 7 E 34430	Delete	TITL		☐ Change ☐ Addition
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STREET ADDRESS				ET ADDRESS	
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STREET ADDRESS				EET ADDRESS	
CITY-ST-ZIP			CITY	-ST-ZIP	
TITLE		☐ Delete	TITL		☐ Change ☐ Addition
NAME STREET ADDRESS	1		NAM STRI	EET ADDRESS	
CITY-ST-ZIP				-ST-ZIP	
TITLE NAME		☐ Delete	TITL		☐ Change ☐ Addition
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STREET ADORESS CITY-ST-ZIP	A.			EET ADDRESS '- ST- ZIP	the contract of the contract o
	Lertify that the information supplied with	this filing does not qualify to		-	Section 119 07(3)(i) Florida Statutas I further positivities the internal
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					