


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 12, 2006 8:00 am
Secretary of State

09-12-2006 90031 024 ****50.00

DOCUMENT # L04000025095	
1. Entity Name GIFFIN PRESSURE CLEANING AND COATINGS LLC	

Principal Place of Business 623 EPHRATA DR BRANDON FL 33511	Mailing Address 623 EPHRATA DR BRANDON FL 33511
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2. Principal Place of Business 547 Emburywood Dr	3. Mailing Address 547 Emburywood Dr
Suite, Apt. #, etc. BRANDON	Suite, Apt. #, etc. BRANDON

2nd MOORE CR2E083 (4/06)

City & State BRANDON, FL	City & State BRANDON, FL
Zip 33511	Zip 33511
Country USA	Country USA

4. FEI Number 59-3356995	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GIFFIN, LISA A 623 EPHRATA DR BRANDON FL 33511	
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7. Name and Address of New Registered Agent	
Name GIFFIN, LISA A	
Street Address (P.O. Box Number is Not Acceptable) 547 Emburywood Dr	
City BRANDON	
State FL	Zip Code 33511

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GIFFIN, LISA 623 EPHRATA DR BRANDON FL 33511 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HARTWELL, TINA 631 EPHRATA DR BRANDON FL 33511 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FLANIGAN, TERRI 4316 KRYCUL AVE RIVERVIEW FL 33567 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DREW, MIKE 1744 SHADY LEAF DR VALRICO FL 33594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 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.

SIGNATURE: *Lisa A. Giffin* **8/2/06 813-654-7164**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #