2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000076200

1. Entity Name
TOM HAGGETTS QUALITY PRESSURE CLEANING, LLC



FILED Apr 11, 2005 8:00 am Secretary of State

04-11-2005 90046 040 ****50.00

Principal Place of Business			Mailing Address								
20 S. LAVON AVENUE KISSIMMEE, FL 34741			20 S. LAVON AVENUE KISSIMMEE, FL 34741								
2. Principal Pl	lace of Busin	ness	3. Mailing Address								
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Suite, Apt. #, etc.			Suite, Apt. #, etc.			01112005	Chg-LLC	CR2E0	83 (10/03)		
City & State			City & State			4. FEI Number 59 - 3	34382	2		plied For t Applicable	
Zip	Zip Country		Zip	Zip Country		5. Certificate	of Status Desired		\$5.00 Add Fee Required		
	6. Name	and Address of Current	Registered Agent				7. Name and Address of New Registered Agent				
HAGGETT	TOM			Name						1	
HAGGETT, TOM 20 S. LAVON AVENUE KISSIMMEE, FL 34741			Street Address		Street Address ((P.O. Box Numbe	er is Not Acceptable)			
			City					FL	Zip Code	е	
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											
Filing Fee is \$50.00 Due by May 1, 2005									ayable to ent of State		
9.1		MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS/	CHANGES			
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	certify that th	e information supplied wit	h this filing does not qualify fo			ection 119.07(3)(i), Florida Statutes I	further cer	tify that the in	Iformation	
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 imitted liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.											