

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000101469
1. Entity Name
DISCOUNT PRESSURE WASHING, LLC



Principal Place of Business
4910 22ND STREET WEST -UNIT B
BRADENTON, FL 34207

Mailing Address
P.O. BOX 10071
BRADENTON, FL 34282

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

01252007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-549-5495
Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional
Fee Required

60039022



6. Name and Address of Current Registered Agent

HOOD, PATRICK W
4910 22ND STREET WEST -UNIT B
BRADENTON, FL 34207

Name
Street Address (P.O. Box Number is Not Acceptable)
City Zip Code

7. Name and Address of New Registered Agent
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)

4/20/07

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOD, TRACY		NAME	
STREET ADDRESS	PO BOX 392		STREET ADDRESS	
CITY-ST-ZIP	EFLAND, NC 27243		CITY-ST-ZIP	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOD, PATRICK W		NAME	
STREET ADDRESS	PO BOX 10071		STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 34282		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/20/07 941-962-1098
Date Daytime Phone #