


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000071623	
1. Entity Name ISLAND PRESSURE CLEANING, INC.	

Principal Place of Business 1275 5TH STREET VERO BEACH, FL 32962	Mailing Address 1275 5TH STREET VERO BEACH, FL 32962
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DO NOT WRITE IN THIS SPACE



01282008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1027662	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LAUGHLIN, WAYNE
1275 5TH STREET
VERO BEACH, FL 32962

**DO NOT WRITE
IN THIS SPACE**

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 reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAGAN, CLIFFORD 6245 65TH STREET VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAUGHLIN, WAYNE 1275 5TH STREET VERO BEACH, FL 32962
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02/05/08-80062-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 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: Wayne Laughlin 1/28/08 712-234-9274

SIGNATURE AND POWER PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #