


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90089 024 ***150.00

DOCUMENT # P0000101162

1. Entity Name
ARMSTRONG PRESSURE CLEANING, INC.



Principal Place of Business Mailing Address

~~4253 NW 114 TERRACE~~ ~~4253 NW 114 TERRACE~~
~~CORALSPRINGS, FL 33065~~ ~~CORALSPRINGS, FL 33065~~

2. Principal Place of Business 3. Mailing Address

19320 NW 252 STREET **19320 NW 252 STREET**


Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

ORLANDO, FL **ORLANDO, FL**

Zip Country Zip Country

34972 **USA** **34972** **USA**



04192004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

65-1050132 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004. Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	WILSON, PAUL D	
STREET ADDRESS	4253 NW 114 TERRACE	
CITY-ST-ZIP	CORALSPRINGS, FL 33065	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	CULVER, BRIAN	
STREET ADDRESS	4655 BOUGAINVILLE DRIVE, #7	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	19320 NW 252 STREET	
CITY-ST-ZIP	ORLANDO, FL 34972	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Paul Wilson* Date: 4-22-04 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR