## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Apr 20, 2005 08:00 AM Secretary of State DOCUMENT # P01000040522 1. Entity Name J.M. PRESSURE CLEANING, INC. . \_\_\_\_Mailing Address Principal Place of Business 4004 NW 36TH WAY 4004 NW 36TH WAY LAUDERDALE LAKES, FL 33309 LAUDERDALE LAKES, FL 33309 03292005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1099567 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LOUIS, JEAN MILE DO NOT WRITE 4004 NW 36TH WAY LAUDERDALE LAKES, FL 33309 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 reinstating) Signature, typod or printed name of registered agent and lifle if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. \_ Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE U00000318653 04/20/05-80068-004 150.00 NAME LOUISE, JEAN MILE STREET ADDRESS 4004 NW 36TH WAY CITY-ST-ZIP LAUDERDALE LAKES, FL 33309 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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)(i), 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.

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR