FILED
Mar 03, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000067186

1. Entity Name
A.A JACK'S PRESSURE CLEANING, INC.

Principal Place of Business	Mailing Address
5300 CARRICK ROAD PORT ST. JOHN, FL 32927	5300 CARRICK ROAD PORT ST JOHN, FL 32927

DO NOT WRITE IN THIS SPACE

02252005 No Chg-P CR2E034 (10/03)

4. FE Number: 59-3731832 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PETTIT JACK
5300 CARRICK ROAD
PORT ST JOHN, FL 32927

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PETTIT, JACK
STREET ADDRESS	5300 CARRICK ROAD
CITY-ST-ZIP	PORT ST. JOHN, FL 32927
TITLE	VSTD
NAME	PETTIT, MARYANN
STREET ADDRESS	5300 CARRICK ROAD
CITY-ST-ZIP	PORT ST. JOHN FL 32927
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000250612
03/04/05-80017-019 150.00

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: [signature] 2/25/05 321-633-3023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #