2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2007 8:00 am Secretary of State

AIIIOAD IIII OIII					_	04-05-2007 90137 006 ***150.00			
DOCUMENT # P01000096201 1. Entity Name VINCE CORRADO PRESSURE CLEANING & PAINTING, INC.					4 1	 		0.00	
Principal Place of Business Mailing Address						7.7			
469 PALM R Naples, Fl	IVER BLVD	469 PALM RIVER BLVD NAPLES, FL 34110		 	FRIRI IIRII ARIJI ROJII 85	NIC BEITS (BIIS BIX) A HEIL AEISE	(1) 1		
2. Principal P	tace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04022007	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Numbe 59-3750		 	pplied For lot Applicable		
Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired	S8.75 Ac Fee Requir		
	6. Name and Address of Current			7. Name and	Address of New	Registered Agent			
				Name					
CORRADO, VINCE 469 PALM RIVER BLVD NAPLES, FL 34110				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 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, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10. OFFICERS AND DIRECTORS 11.					ADDITIONS/	CHANGES TO OF	FICERS AND DIRECTO	RS IN 11	
TITLE .	Delete III		TITLE				☐ Change	☐ Addition	
NAME .	CORRADO, VINCE		NAM						
STREET ADDRESS	SS. 469 PALM RIVER BLVD		STRE	ET ADDRESS				Ï	
CITY-ST-ZIP	ST-ZIP NAPLES, FL 34110		CITY	-ST-ZIP					
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NAME			NAMI						
STREET ADDRESS			STRE	ET ADDRESS					
CITY-ST-ZIP	NAPLES, FL 34110 cm		CITY	- ST - ZIP					
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CITY-ST-ZIP				-ST-ZIP			·		
12. I hereby	certify that the information supplied wit on this report or supplemental report	h this filing does not qualify	for the exe	emptions contain	ned in Chapter 119	Florida Statutes.	I further certify that the	information	

The redy death that the information supplied with this filling does not quality for the exemptions contained in Chapter 119. Profit a Statutes. I further certify that the information indicated on this report or sypplemental report is strue 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 of the regeiver or trusted 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 addiress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #