2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 05, 2007 08:00 A DOCUMENT # P02000003016 ---**Secretary of State** 1. Entity Name A & E PRESSURE CLEANING & PAINTING, INC. Principal Place of Business Mailing Address 4912 GEORGE AVE. 4912 GEORGE AVE. SARASOTA FL 34233 SARASOTA FL 34233 2. Principal Place of Business - No P.O. Box # 3 Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 03-0457057 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MENENDEZ, ALBERT JR Street Address (P.O. Box Number is Not Acceptable) 4912 GEORGE AVE. SARASOTA FL 34233 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition MENENDEZ, ALBERT M JR NAME NAME. 4912 GEORGE AVE. STREET ADDRESS STREET ADDRESS U00000656893 SARASOTA FL 34233 CITY-ST-ZIP CITY-S1-7IP Ď۷ Addition TITE ☐ Delete HUNTER, RYAN NAME 4912 GEORGE AVE. STREET ADDRESS STREET ADDRESS SARASOTA FL 34233 CITY+ST-ZIP CITY-ST-7IP ШЦ ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIIIE ☐ Delete ши ☐ Change ☐ Addrtion NAME STREET ADDRESS STREET LADDRESS CITY-ST-ZIP CITY - ST-ZIP ☐ Defete ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TEFF ☐ Delele TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 Statutos; 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.

**FILED**