## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P02000003016**

Entity Name

A & E PRESSURE CLEANING & PAINTING, INC.



FILED Jan 28, 2008 08:00 A Secretary of State

Principal Place of Business

4912 GEORGE AVE. SARASOTA, FL 34233 Mailing Address

4912 GEORGE AVE. SARASOTA, FL. 34233



01242008

No Chg-P

CR2E034 (11/05)

4,	FEI Number	
	03-0457057	

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MENENDEZ, ALBERT JR 4912 GEORGE AVE. SARASOTA, FL 34233 DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the plans of registered agent.	urpose of changing its register	ed office or registered agent, or both	n, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable (NOTE: Registere	d Agent signature required when reinstating)	DATE
FiL After M	E NOW!!! FEE IS \$150.00 by 1, 2008 Fee will be \$550.00	Election Campaign Finar     Trust Fund Contribution.	ncing \$5.00 May Be	
10.	OFFICERS AND DIREC	TORS	1 19 10 13 13 13 13 13 13 15 15	AND SET TO A STREET STREET, ST
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENENDEZ, ALBERT M JR 4912 GEORGE AVE. SARASOTA, FL 34233			1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HUNTER, RYAN 4912 GEORGE AVE. SARASOTA, FL 34233			02/01/03-80044-005 150 00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			INT	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRE

1-25-08 941-924-5971

Daytime Pro