

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90800 001 ***300.00

DOCUMENT # P02000073910

1. Entity Name
S & L PRESSURE WASHING, INC.



Principal Place of Business
6920 BLOSSOM HILL
WEWA, FL 32465

Mailing Address
6920 BLOSSOM HILL
WEWA, FL 32465

66418013



04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-6015201 03-0519635

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BURKETT, SCOTT
6920 BLOSSOM HILL
WEWA, FL 32465

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BURKETT, SCOTT
1905 GARRISON AVENUE
PORT ST. JOE, FL 32456

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
PEIFFER, BRIAN
1315 GARRISON AVENUE
PORT ST. JOE, FL 32456

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
BRIGHT, DEWEY
P.O. BOX 344
PORT ST. JOE, FL 32457

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
RUSHING, GLEN P
226 SELFISH HIGHLAND
PORT SAINT JOE, FL 32456

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Scott Burkett

4-26-04 850 227 5952