


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000090050
 1. Entity Name
 AQUA SPRAY PRESSURE & CHEMICAL CLEANING, INC.



Principal Place of Business 400 4TH STREET E. LEHIGH ACRES, FL 33972	Mailing Address 400 4TH STREET E. LEHIGH ACRES, FL 33972
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DO NOT WRITE IN THIS SPACE

03212005 No Chg-P CR2E034 (10/03)

4. FEI Number 16-1624921	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCONNELL, DAVID
 400 4TH STREET E.
 LEHIGH ACRES, FL 33972

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

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

400000278957
 03/28/05-20049-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSVT MCCONNELL, DAVID 400 4TH STREET E. LEHIGH ACRES, FL 33972
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *David W. McConnell* DAVID W, MCCONNELL 3-24-05 (239) 369-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *