


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 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 |
|---|---|

DO NOT WRITE IN THIS SPACE



03162007 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 16-1624921 | Applied For <input type="checkbox"/> 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**

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 _____ (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
 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U000008673400
 03/29/07-80028-010 150.00

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 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: David W. McConnell **DAVID W. MCCONNELL** 3-15-07 239 369-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #