

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90032 002 \*\*\*150.00

**DOCUMENT # P02000103160**

1. Entity Name

**JAIS PRESSURE CLEANING & PAINTING, CORP.**



Principal Place of Business

**9340 MARINO CIRCLE #204  
NAPLES FL 34114**

Mailing Address

**9340 MARINO CIRCLE #204  
NAPLES FL 34114**

2. Principal Place of Business

**6435 COLLEGE PARK  
CIRCLE # 302**

3. Mailing Address

**6435 COLLEGE PARK  
CIRCLE # 302**

City & State

**NAPLES, FLORIDA**

City & State

**NAPLES, FLORIDA**

Zip

**34113-7920 COLLIER**

Zip

**34113-7920 COLLIER**

6. Name and Address of Current Registered Agent

**NARANJO, MARTHA P  
9340 MARINO CIRCLE #204  
NAPLES FL 34114**

4. FEI Number

**32-0032803**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

**JOSE A. IRIZARRY**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-28-2004**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME IRIZARRY, JOSE A  
STREET ADDRESS 9340 MARINO CIRCLE #204  
CITY-ST-ZIP NAPLES FL 34114

TITLE VD ☒ Delete  
NAME NARANJO, MARTHA P  
STREET ADDRESS 9340 MARINO CIRCLE #204  
CITY-ST-ZIP NAPLES FL 34114

TITLE PD ☐ Delete  
NAME IRIZARRY JOSE A  
STREET ADDRESS 6435 COLLEGE PARK CIRCLE #302  
CITY-ST-ZIP NAPLES FLORIDA 34113-7920

TITLE VD ☐ Delete  
NAME NARANJO MARTHA P  
STREET ADDRESS 6435 COLLEGE PARK CIRCLE #302  
CITY-ST-ZIP NAPLES FLORIDA 34113-7920

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**JOSE A. IRIZARRY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-28-04 239-7754626**

Date

Daytime Phone #