

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000106221

FILED
Apr 20, 2009
Secretary of State

Entity Name: STATEWIDE PAINTING & PRESSURE CLEANING, INC.

Current Principal Place of Business:

6345 NAPLES BLVD #A5
NAPLES, FL 34105

New Principal Place of Business:

Current Mailing Address:

6345 NAPLES BLVD #A5
NAPLES, FL 34105

New Mailing Address:

FEI Number: 52-2379490

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOUTHWEST PROFESSIONAL SERVICES OF SO. FL
13571 MCGREGOR BLVD., STE. #22
FT. MYERS, FL 33919 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HELFF, BARRY
Address: 212 MONTEREY DR
City-St-Zip: NAPLES, FL 34119

Title: V () Delete
Name: HELFF, MICHAEL
Address: 8545 SILK OAK LANE
City-St-Zip: NAPLES, FL 34119

Title: T () Delete
Name: HELFF, RANDI
Address: 212 MONTEREY DR
City-St-Zip: NAPLES, FL 34119

Title: S () Delete
Name: HELFF, DEBRA
Address: 8545 SILK OAK LANE
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY HELFF

PRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date