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May 09, 2006 8:00 am
Secretary of State
04-21-2006 90101 002 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000115685

1. Entity Name
YIMON'S PRESSURE CLEANING SERVICES, INC.

66015590

Principal Place of Business	Mailing Address
7837 VENTURE CENTER WAY #5205 BOYNTON BEACH, FL 33437	7837 VENTURE CENTER WAY #5205 BOYNTON BEACH, FL 33437

03212008 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
6429 COUNTRY FAIR CIRCLE	6429 COUNTRY FAIR CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOYNTON BEACH, FL	City & State: BOYNTON BEACH, FL
Zip: 33437 Country: USA	Zip: 33437 Country: USA

4. FEI Number: 82-0570058 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOSEPH K. NOFIL, P.A. 3284 N STSTE RD 7 LAUDERDALE LAKES, FL 33319	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 _____ 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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MONTENEGRO, YIMMY H ~~7837 VENTURE CENTER WAY #5205~~ ~~BOYNTON BEACH, FL 33437~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 6429 COUNTRY FAIR CIRCLE BOYNTON BEACH FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: YIMMY MONTENEGRO 4-3-06
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date

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P02000071568

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Division of Corporations

Annual Report

Annual Report Help

Document Number
749061
Business Entity Name
FLYING LITTLE RIVER HOME OWNER'S ASSOCIATION, INC.

FEI Number	592542409
FEI Number Status	(•) Listed Above ( ) Applied For ( ) Not Applicable
Certificate of Status Desired	( ) Yes (•) No $8.75 each
Election Campaign Financing Trust Fund Contribution	( ) Yes (•) No

Principal Place of Business

Address	P.O. BOX 81
Suite, Apt. #, etc.	
City, State	MCALPIN , FL
Zip Code & Country	32062 US

Mailing Address

Address	P.O. BOX 81
Suite, Apt. #, etc.	
City, State	MCALPIN , FL
Zip Code & Country	32062 US

Name and Address of Registered Agent

Name (Last, First, Middle, Title)	Waldron , Ron , ,
- OR -	
Business to serve as RA	
Address (PO Box is not acceptable)	18450 73RD PL
Suite, Apt. #, etc.	
City, State	MC ALPIN , FL
Zip Code & Country	32062 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

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entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	P
Name (Last, First, Middle, Title)	WALDRON, RONALD, ,
- OR -	
Entity Name to serve as Officer/Director	
Street Address	18450 73RD PL
City, State	MC ALPIN, FL
Zip Code & Country	32062 US
Title	V
Name (Last, First, Middle, Title)	Kane, Tom, ,
- OR -	
Entity Name to serve as Officer/Director	
Street Address	PO Box 311
City, State	MC ALPIN, FL
Zip Code & Country	32062
Title	S
Name (Last, First, Middle, Title)	Burkholder, Jim, ,
- OR -	
Entity Name to serve as Officer/Director	
Street Address	18240 81st ST
City, State	MC ALPIN, FL
Zip Code & Country	32062
Title	D

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Name (Last, First, Middle, Title) DECHANT , CLARK , , ,

- OR -

Entity Name to serve as Officer/Director

Street Address 18461 73RD PL

City, State MC ALPIN , FL

Zip Code & Country 32062

Title D

Name (Last, First, Middle, Title) Ashley , Pete , , ,

- OR -

Entity Name to serve as Officer/Director

Street Address 18029 77th PL

City, State MCALPIN , FL

Zip Code & Country 32062

Title T

Name (Last, First, Middle, Title) McClure , Dennis , , ,

- OR -

Entity Name to serve as Officer/Director

Street Address 2061 Wedgewood Dr

City, State Tallahassee , FL

Zip Code & Country 32317

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title TRE.

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue | Reset