

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000031547

1. Entity Name
ADVANTAGE PRESSURE CLEANING, INC.



Principal Place of Business
**1453 S.E. RIVERGREEN CIRCLE
PORT ST. LUCIE, FL 34952 US**

Mailing Address
**1453 S.E. RIVERGREEN CIRCLE
PORT ST. LUCIE, FL 34952 US**



01302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3748427

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LANE, DEBRA L CPA
681 S.E. DEGAN DRIVE
PORT ST. LUCIE, FL 34983**

**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

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

(NOTE: Registered Agent signature required when reappointing)

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**

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P KLOPFENSTEIN, CATHY L 1453 SE RIVERGREEN CIRCLE PORT SAINT LUCIE, FL 34952 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP KLOPFENTSTEIN, MICHAEL E 1453 SE RIVERGREEN CIRCLE PORT SAINT LUCIE, FL 34952 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREA DURICK, CHAD M 1453 SE RIVERGREEN CIRCLE PORT ST. LUCIE, FL 34952 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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IN THIS SPACE**

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05/18/07-80050-009 150.00

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:

Cathy L. Klopfenstein
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

CATHY L. KLOPFENSTEIN

Date

Daytime Phone #

4/26/07 528-8780