## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P03000049116**

1. Entity Name

DYNAMIC PAINTING & PRESSURE CLEANING, INC.



Principal Place of Business

602 SE 35TH STREET CAPE CORAL, FL 33904

Mailing Address

602 SE 35TH STREET CAPE CORAL, FL 33904

## FILED Apr 16, 2008 08:00 Al Secretary of State

Def. of STAKE



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|----|-----|-------|-------|-----|-------|---|
|    |     |       |       |     |       |   |

01252008 No Chg-P CR2E034 (11/05)

4. FEI Number
68-0552377 Additional
Fee Required

6. Name and Address of Current Registered Agent

GEIER, NATHAN C 602 SE 35TH STREET CAPE CORAL, FL 33904

## DO NOT WRITE IN THIS SPACE

|  | named entity submits this statement for the pions of registered agent. | ourpose of changing its registe | red office or registered agent, or be  | oth, in the State of Florida. I am familiar with, and accept |
|--|--|---------------------------------|--|--|
| SIGNATURE  | Signature, typed or printed name of registered agent and title         | if applicable (NOTE Register    | red Agent signature required when reinstating)   | DATE   |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$558.00  9. Election Campaign Fin Trust Fund Contribution |  |                                 |  | U00000899559<br>   |
| 10.  | OFFICERS AND DIREC   | CTORS                           |  | • •  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>GEIER, NATHAN C<br>602 SE 35TH STREET<br>CAPE CORAL, FL 33904     |                                 |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |                                 | , in the second  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY+ST-ZIP   |  |                                 | DO   | NOT WRITE  |
| TITLE NAME STREET ADDRESS CHY-SI-ZIP   |  |                                 | IN .   | THIS SPACE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |                                 |  |  |
| TITLE NAME STREET ADDRESS  |  |                                 | The production of the control of the |  |

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 edges, with all other like empowered.

SIGNATURE: \( \( \)

SIGNATURE AND THEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #