

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 23, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000078757

1. Entity Name
R.K. PAINTING & PRESSURE CLEANING, INC.



Principal Place of Business
**1147 SACHEMHEAD TER
W PALM BCH, FL 33414**

Mailing Address
**1147 SACHEMHEAD TER
W PALM BCH, FL 33414**



01312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
90-0132160

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LOGAN, VIVIAN
142 KAPOK CRESCENT
ROYAL PALM BCH, FL 33411**

**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 renewing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	DT LOGAN, VIVIAN 142 KAPOK CRESCENT ROYAL PALM BCH, FL 33411
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PENA, NATALIEGRACE 6621 FOREST HILL BLVD W PALM BCH, FL 33413
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KNAPP, ROBERT 1147 SACHEMHEAD TER W PALM BCH, FL 33414
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/23/05-80008-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Natalie Grace Pera - Natalie Grace Pera - Vice President 3/19/05 (561)681-7099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #