2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2004 8:00 am Secretary of State

DOCUMENT # P03000097890 1. Entity Name BEACH TO BAY PRESSURE WASHING, INC.					04-29-2004 90343 021 ***150.00				
130 N ANDA	ne of Business LLUSIA AVE A BCH, FL 32459	Mailing Address 130 N ANDALUSIA AVE SANTA ROSA BCH, FL 32459			ر براده النام الاردان الاردان الاردان الاردان الاردان الاردان	1 <i>891</i> 2 û 1811 120 BE	f a nd 19711 day	enin redi	
2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04262004	Chg-P	CR2E034	(10/03)	•
City & State		City & State		4. FEI Number	123302			plied For f Applicable	
Zip Country		Zip	Country		5. Certificate of		ր \$8	3.75 Add	itional
}	6. Name and Address of Curre	nt Registered Agent		7	7. Name and A	ddress of New R		<u>-</u>	· · ·
	The second secon			Name		,			
TYSON, JAMES G 130 N ANDALUSIA AVE SANTA ROSA BCH, FL 32459				Street Address (P.O. Box Number is Not Acceptable)					
	, , , , , , , , , , , , , , , , , , , ,			City				Zip Code	<u> </u>
				Oity			FL	Zip Code	j
	e named entity submits this statement tions of registered agent.	t for the purpose of changing i	ts register	ed office or register	red agent, or both,	in the State of Flo	orida. Tam fan	tiliar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agr	erwand rate if applicable. (NK	OTE: Registere	d Agent signature required	1 when renstating)		DATE		
After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550		ntribution.	☐ Add	.00 May 8e ed to Fees				
10.	OFFICERS AN	ND DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND D	RECTORS	SIN 11
TITLE	DP	Delete	BIL					Change	☐ Addition
NAME	TYSON, JAMES G		NAM	ľ					
STREET ADDRESS CITY-ST-ZIP	130 N ANDALUŞIA AVE	•	•	EFT ADORESS - ST-ZIP					
	SANTA ROSA BCH, FL 32459	· · · · · · · · · · · · · · · · · · ·						7 0	
NAME	DV TYSON, DEBORAH P	Defete	TiTE Nam	1			Ĺ] Change	Addition
STREET ADORESS	130 N ANDALUSIA AVE			EET ADDRESS					į
CITY-ST-ZIP	SANTA ROSA BCH, FL 32458	,		-SI-ZIP					
TITLE	1 6	☐ Delete	nn					1 Change	Addition
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STREET ADDRESS			STR	EET ADDRESS				-	<i>'</i>
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CITY-ST-ZIP			- 4	r-ST-ZIP					
ļ		☐ B.i.i.						7 Chance	
TITLE NAME		☐ Delete	TITE. Nan	1			L] Change	Addition
} '***	1		16/1/	~ .					
STREET ADDRESS	-		STR	EET AOORESS					
STREET ADDRESS CITY-ST-ZIP				EET AOORESS (-ST-ZIP					

incharge certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; 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:

SIGNATURE AND TYPED OF PROPITED NA

JAMES G.

Tyson

4/26/04

850-534-0053

Daytype Phone #