

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000111452

1. Entity Name
QUALITY PRESSURE WASHING SOLUTIONS INC.



FILED

04 OCT -8 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
11253 SW 79TH TERR
OCALA, FL 34476

Mailing Address
11253 SW 79TH TERR
OCALA, FL 34476

[Handwritten signature]



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08192004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
27-0080866

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMMONS, DAVID C
11253 SW 79TH TERR
OCALA, FL 34476

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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
P
SIMMONS, DAVID C
11253 SW 79TH TERR
OCALA, FL 34476 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
600041709936
10/08/04--01029--016 **150.00

TITLE
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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 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:

David C Simmons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-27-04

352-861-1396

Date

Daytime Phone #

11253 SW 79th Terr.
Ocala, Fl. 34476

August 27, 2004

Dear To Whom it may concern::

This letter is to recognize that I did not receive notice of the annual report being due by May1, pursuant to 607.103(1)(b), Florida Statutes; In regards to the 400.00 waiver for the late fee.

Thank you,
David C. Simmons
Owner/Operator
Quality Pressure Washing Solutions, Inc.