
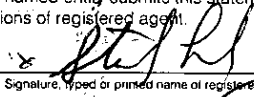
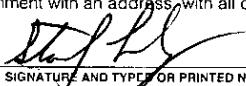


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90152 020 \*\*\*150.00

DOCUMENT # P03000118741					
1. Entity Name <b>STAN'S PRESSURE CLEANING, INC.</b>					
Principal Place of Business 4073 LINWOOD STREET SARASOTA, FL 34232			Mailing Address 4073 LINWOOD STREET SARASOTA, FL 34232		
2. Principal Place of Business <b>3120 JAVA PLUM AVENUE</b>		3. Mailing Address <b>P.O. BOX 15054</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>SARASOTA, FL</b>		City & State <b>SARASOTA, FL</b>		4. FEI Number <b>20-0311404</b>	
Zip <b>34232</b>	Country <b>US</b>	Zip <b>34277</b>	Country <b>US</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  LABADY, STANLEY E 4073 LINWOOD STREET SARASOTA, FL 34232			7. Name and Address of New Registered Agent Name <b>LABADY STANLEY E.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3120 JAVA PLUM AVENUE</b> City <b>SARASOTA</b> <b>FL</b> Zip Code <b>34232</b>		
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:  <b>STANLEY E. LABADY</b> x <b>4/30/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LABADY, STANLEY E 4073 LINWOOD STREET SARASOTA, FL 34232	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CREEL, DANIEL 4073 LINWOOD STREET SARASOTA, FL 34232	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: x  <b>STANLEY E. LABADY</b> x <b>4/30/04</b> (941) 232-9301 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					