2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 08, 2006 8:00 am Secretary of State DOCUMENT # P03000121643 05-08-2006 90276 010 ***150.00 1. Entity Name DAVE'S HOUSEWASHING, INC. Principal Place of Business Mailing Address 44000044 203 CAMDEN ROAD PENSACOLA FL 32514 203 CAMDEN ROAD PENSACOLA FL 32514 2. Principal Place of Business 3. Mailing Address 203 Cander P.D. Box 1221 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Pero acal City & State 4. FEI Number Applied For 14-1899575 Not Applicable Unzale: Zip Country Country \$8.75 Additional 5. Certificate of Status Desired **25**0 32514 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KELLEY, DAVID H Street Address (P.O. Box Number is Not Acceptable) 203 CAMDEN ROAD PENSACOLA FL 32514 City 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 \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition NAME KELLEY, DAVID H NAME STREET ADDRESS 203 CAMDEN ROAD STREET ADDRESS C!TY-ST-ZIP PENSACOLA FL 32514 CITY-ST-7/P Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete . . Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 attackprent with an address, with all other like empowered.

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