

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 01, 2005. 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P03000122870 1. Entity Name PERFECT PERFORMANCE PAINTING & PRESSURE WASH INC |  |
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|---|---|
| Principal Place of Business 1904 B S RIVERSIDE DR EDGEWATER, FL 32132 | Mailing Address 1904 B S RIVERSIDE DR EDGEWATER, FL 32132 |
|---|---|

DO NOT WRITE IN THIS SPACE



07292005 No Chg-P CR2E034 (10/03)


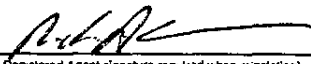
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|--|--|
| 4. FEI Number 71-0954825 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**ANDERSON, RAYMOND
1904B SO RIVERSIDE DR
EDGEWATER, FL 32132**

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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   **7/29/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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|---|---|
| FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

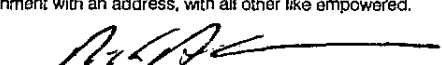
10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P ANDERSON, RAYMOND 1904B SO RIVERSIDE DR EDGEWATER, FL 32132 |
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IN THIS SPACE**

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08/01/05-80014-001 558.75

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:  **7/29/05** **386-451-7709**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #