

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000128182	
1. Entity Name CITAK PRESSURE CLEANING & PAINTING COMPANY, INC.	

Principal Place of Business 4826 TAHITI LANE NAPLES, FL 34112	Mailing Address 4826 TAHITI LANE NAPLES, FL 34112
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DO NOT WRITE IN THIS SPACE



03232008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0938235	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CITAK, RONALD
4826 TAHITI LANE
NAPLES, FL 34112**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000873334
04/10/08-80075-002 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CITAK, DEBORAH 4826 TAHITI LANE NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CITAK, RONALD 4826 TAHITI LANE NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CITAK, CHRIS 4826 TAHITI LANE NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 attachment with an address, with all other like empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____