

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

May 22, 2006 08:00 AM  
Secretary of State

DOCUMENT # P03000137813

1. Entity Name

FIKES PRESSURE CLEANING SERVICE, INC.



Principal Place of Business

206 N.E. 10TH AVENUE  
CAPE CORAL FL 33909

Mailing Address

206 N.E. 10TH AVENUE  
CAPE CORAL FL 33909

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

42-1614552

Applied  
Not App.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIKES, MICHAEL V  
206 N.E. 10TH AVENUE  
CAPE CORAL FL 33909

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 am the obligations of registered agent.

SIGNATURE

*Michael V. Fikes*

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

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 M.  
Added to F

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
FIKES, MICHAEL V  
206 N.E. 10TH AVENUE  
CAPE CORAL FL 33909

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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, address, or any other information, if changed, or on an attachment with an address, with all other information, is true and accurate.

SIGNATURE:

*Michael V. Fikes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER