

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000139143

1. Entity Name
CLARK KENT'S PRESSURE/WASH, INC.



Principal Place of Business Mailing Address
5872 HENSEL RD 5872 HENSEL RD
PT ORANGE, FL 32127 PT ORANGE, FL 32127



04192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0489021 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GILL, ERIC V ESQ
4393 RIDGEWOOD AVE STE 1
PT ORANGE, FL 32127

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PST
NAME KENT, WILLIAM J
STREET ADDRESS 5872 HENSEL RD
CITY-ST-ZIP PT ORANGE, FL 32127

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: William J Kent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-05 (386) 756-4071
Date Daytime Phone #