



05-03-2004 90723 018 ***150.00

DOCUMENT # P03000150006 1. Entity Name PALMS PRESSURE CLEANING, INC.				Secretary of State 05-03-2004 90723 018 ***150.00	
Principal Place of Business 2400 DEER CREEK COUNTRY CLUB BLVD. #508 DEERFIELD BEACH, FL 33442		Mailing Address 2400 DEER CREEK COUNTRY CLUB BLVD. #508 DEERFIELD BEACH, FL 33442		94080483 	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		03302004 Chg-P CR2E034 (10/03)	
City & State Zip Country		City & State Zip Country		4. FEI Number 20-0544299 Applied For Not Applicable	
6. Name and Address of Current Registered Agent KEELEY, JOSEPH F 2424 NORTH FEDERAL HIGHWAY SUITE #314 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent 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 accept the obligations of registered agent. SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCKAY, MICKEY A 2400 DEER CREEK COUNTRY CLUB BLVD. #508 DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BACZEWSKI, DIANA K 2400 DEER CREEK COUNTRY CLUB BLVD. #508 DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. BACZEWSKI, DIANA K 2400 DEER CREEK COUNTRY CLUB BLVD. #508 DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR. BACZEWSKI, DIANA K 2400 DEER CREEK COUNTRY CLUB BLVD. #508 DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>Diana K. Baczewski</u> <u>DIANA K. BACZEWSKI</u> <u>4-1-04</u> <u>954-605-2910</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					