

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 14, 2006 08:00 A
Secretary of State

DOCUMENT # P04000000660

1. Entity Name
FLEMING'S PAINTING & PRESSURE CLEANING, INC.



Principal Place of Business
**4627 NAOMI RIDGE LANE
SARASOTA, FL 34233**

Mailing Address
**4627 NAOMI RIDGE LANE
SARASOTA, FL 34233**



07272006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0547103

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FLEMING, JARED ZACHARY
4627 NAOMI RIDGE LANE
SARASOTA, FL 34233**

**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

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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSTD
FLEMING, JARED ZACHARY
4627 NAOMI RIDGE LANE
SARASOTA, FL 34233**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**1VP
FLEMING, ROYCE
4627 NAOMI RIDGE LANE
SARASOTA, FL 34233**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**2VP
BURBOL, JUSTIN
4627 NAOMI RIDGE LANE
SARASOTA, FL 34233**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000574270
08/14/06-80008-006 150.00

**DO NOT WRITE
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 for 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 #

8/10/06