


**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)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0547103	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
--	---------------------------------------

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> 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	

U00000574270  
 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 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 8/14/06 Daytime Phone # \_\_\_\_\_