

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90028 026 ***158.75

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000008010

1. Entity Name
**XPRT GUTTER CLEANING AND PRESSURE WASHING
INC.**



Principal Place of Business
**2616 UMBRELLA TREE DRIVE
EDGEWATER, FL 32141 US**

Mailing Address
**2616 UMBRELLA TREE DRIVE
EDGEWATER, FL 32141 US**



07102006 No Chg-P CR2E034 (11/05)

4. FEI Number
01-0794900

☒ 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

**CHARBONNIER, CHARLES E
2616 UMBRELLA TREE DRIVE
EDGEWATER, FL 32141**

**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 **P**
NAME **CHARBONNIER, CHARLES E**
STREET ADDRESS **2616 UMBRELLA TREE DRIVE**
CITY-ST-ZIP **EDGEWATER, FL 32141**

TITLE **S.**
NAME **ARMSTRONG, DORIS**
STREET ADDRESS **2616 UMBRELLA TREE DRIVE**
CITY-ST-ZIP **EDGEWATER, FL 32141**

TITLE **D**
NAME **CORMIER, DEAN V**
STREET ADDRESS **2616 UMBRELLA TREE DRIVE**
CITY-ST-ZIP **EDGEWATER, FL 32141**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

Charles E. Charbonnier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/06 (386) 43-2764
Date Daytime Phone #

CHARLES E. CHARBONNIER