2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2006 8:00 am Secretary of State 04-26-2006 90211 033 ***158.75

DOCUMENT # P04000015651 1. Entity Name THOMPSON PRESSURE CLEANING, INC.						04-26-2006	90211 03	33 ***15	58.75
Principal Plac	a of Business	Mailine Address			- 40	ARI NUN			
		Mailing Address		41	1064125				
	STICK AVE NE	434 CANDLESTICK AVE NE							
PALM BAY, F	L 32907 US	PALM BAY, FL 32907	US	•	, •	-			
					1 188/1881 101 6	alit alah dala asik sehi		ARAL BROKENEY	III L II II 11
2. Principal P	lace of Business 3	. Mailing Address							
2. Chicipari	acc of Guariosa	. Maling Address	maning / daress			OLK OFEN BALL BAUF KOLL	1311) 1111 11	LULI BYER III.	
Suite, Apt.	# etc	Suita Ant # atc	Suite, Apt. #, etc.		-				
Out.of / Di.	, 0.0.	0010, Apr. 11, 010.	55.15, 7,pt. 9, 515.		04242006	Chg-P	CR2E034	(11/05)	
City & State	9	City & State			4. FEI Number			1100	plied For
5.1, 6 6.6.		3.0, 2 3.3.3			74-3113			_ 	t Applicable
Zip	Country	Zip	Coun	ntrv	74-0110	1773			
	333,	2.6	000	ntr y	5. Certificate of	f Status Desired		8.75 Addi e Required	
	6. Name and Address of Current Reg	istered Agent	<u> </u>	1	7 Name and	Address of New Re			· · · · · · · · · · · · · · · · · · ·
	The state of the s	in a suppose of the s		Name 👊		ACCIDED OF NOW KE	Misteren WG	91H	
DESAULNIER, GENEVIEVE E				Name Chrystie Thompson					
2003 ALMA DR.				Street Address (P.O. Box Number is Not Acceptable)					
WEST MELBOURNE, FL 32904								_	
		434		434 Ca	andlestic	ik Avenue	AVE		
				City o	-4 14 00 31 11	CK TYCCI TOK		Zio Code	
			•	City Palm	n Bay		FL	Zip Code	107
8. The above	named entity submits this statement for the	e purpose of changing its	register	ed office or regist	ered agent, or both	, in the State of Flor	rida. I am far	niliar with,	and accept
the obligat	ions of registered agent. LSD Thomas Signature, hybrid or printed numbe of registered agent and is	hrystic Thom		VP	rad when reinstalling)		4/23/	Olo	
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campa Trust Fund Cont			5.00 May Be ided to Fees		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
10.	OFFICERS AND DIR	ECTORS	11.	· , -	ADDITIONS/0	CHANGES TO OFFI	CERS AND D	RECTORS	IN 11
TITLE	P	☐ Delete	TITL	E				Change	☐ Addition
NAME	THOMPSON, JEFFREY C		NAM	-					
STREET ADDRESS	434 CANDLESTICK AVE NE			EET ADDRESS					
CITY-ST-ZIP	PALM BAY, FL 32907		CITY	r-ST-ZIP					
TIFLE	VP	☐ Delete	TITL	E			Г	Change	☐ Addition
NAME	THOMPSON, CHRYSTIE M		NAM	AE					
CTDEET ADDRESS									
STREET ADDRESS	434 CANDLESTICK AVE NE		STRE	EET ADORESS					
CITY-ST-ZIP	PALM BAY, FL 32907		- 1	EET ADORESS /-St-Zip					
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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.

Chryst He. Thomason

4/23/06

321-409-8080 Daytime Phone #