

2005 FOR PROFIT CORPORATION ANNUAL REPORT

4/

FILED
Jun 24, 2005 8:00 am
Secretary of State

04-19-2005 90375 033 ***150.00

DOCUMENT # P04000026650

1. Entity Name
MARTIN'S PRESSURE CLEANING, INC.



Principal Place of Business
**3064 54TH ST SW
NAPLES, FL 34116 US**

Mailing Address
**P.O. BOX 990966
NAPLES, FL 34117 US**

66023735



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03112005 Chg-P CR2E034 (10/03)

4. FEI Number

20-0713713

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARTIN, STEPHEN
4228 COMMONWEALTH CIR.
#0-201
NAPLES, FL 34116**

**3064 54th St SW
naples Fla.
34116**

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

Stephen Martin

3/15/05

Signature of registered agent or authorized officer of the corporation.

(NOTE: Registered Agent signature required when renewing.)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MARTIN, STEPHEN	
STREET ADDRESS	1228 COMMONWEALTH CIR. #0-201	
CITY-ST-ZIP	NAPLES, FL 34116	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARTIN, GAIL	
STREET ADDRESS	1228 COMMONWEALTH CIR. #0-201	
CITY-ST-ZIP	NAPLES, FL 34116	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARTIN, DENNIS	
STREET ADDRESS	4265 22ND AVE. NE	
CITY-ST-ZIP	NAPLES, FL 34120	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Stephen Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/05

Date

239-289-5529

Business Phone #