

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000030721

1. Entity Name
PINELLAS COUNTY PRESSURE CLEANING, INC.



Principal Place of Business

928 HILLWOOD DR
DUNEDIN, FL 34698

Mailing Address

928 HILLWOOD DR
DUNEDIN, FL 34698

DO NOT WRITE IN THIS SPACE

FILED
Apr 13, 2006 08:00 AM
Secretary of State



04082006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0743660

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOOMIS, ANSON
928 HILLWOOD DR
DUNEDIN, FL 34698

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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
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

UN00000506127
04/27/06-00010-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LOOMIS, ANSON
STREET ADDRESS	982 HILLWOOD DR
CITY- ST- ZIP	DUNEDIN, FL 34698
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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: ANSON L. LOOMIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/06
727-442-8873