

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90041 013 ***150.00

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1. Entity Name
PINELLAS COUNTY PRESSURE CLEANING, INC.



Mr & Mrs Loomis
 982 Hillwood Dr
 Dunedin FL 34698-7211

Principal Place of Business *982* Mailing Address *982*
928 HILLWOOD DR **928 HILLWOOD DR**
DUNEDIN, FL 34698 **DUNEDIN, FL 34698**

40056000



03152008 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**

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

LOOMIS, ANSON
928 HILLWOOD DR
DUNEDIN, FL 34698

982

Mr & Mrs Loomis
 982 Hillwood Dr
 Dunedin FL 34698-7211

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOOMIS, ANSON 982 HILLWOOD DR DUNEDIN, FL 34698
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: *Mr. J. Loomis* / **ANSON L. LOOMIS** *3/17/08* *727* *442-8873*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Wilson

Wilson