


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000031253 1. Entity Name PAT ROONEY PAINTING & PRESSURE CLEANING, INC.	
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Principal Place of Business 9713 SW SANTA MONICA DR PALM CITY, FL 34990	Mailing Address 9713 SW SANTA MONICA DR PALM CITY, FL 34990
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08162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROONEY, PAT 9713 SW SANTA MONICA DR PALM CITY, FL 34990

**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 PAT ROONEY DATE 8-20-06
Signature typed or printed name of registered agent, and if not applicable (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-STATE-ZIP	PVST ROONEY, PAT 9713 SW SANTA MONICA DR PALM CITY, FL 34990
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08/23/06-80001-004 150.00

**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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-20-06

Date

Daytime Phone #