


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 29, 2005 8:00 am
Secretary of State

05-03-2005 90077 040 ***150.00

DOCUMENT # P04000036029			
1. Entity Name ROGERS ESTEVES' FRIENDLY PRESSURE CLEANING, INC.			
Principal Place of Business 4481 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH FL 33411		Mailing Address 4481 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH FL 33411	
2. Principal Place of Business 208 EAST 23rd ST. Suite, Apt. #, etc. R. ESTEVES Bldg Pl.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip 33404	Country FLA USA	Zip	Country
6. Name and Address of Current Registered Agent ESTEVES, ROGER 4481 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH FL 33411		7. Name and Address of New Registered Agent 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 _____ DATE 4/24/05 (NOTE: Registered Agent signature required when re-registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ESTEVES, ROGER 4481 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____	