

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000047930

Entity Name: E-Z LOW PRESSURE WASHING, INC.

FILED  
Apr 26, 2006  
Secretary of State

## Current Principal Place of Business:

14721 SE FIRST AVENUE RD  
SUMMERFIELD, FL 34490

## New Principal Place of Business:

5608 S.W. 89TH PLACE  
OCALA, FL 34476

## Current Mailing Address:

14721 SE FIRST AVENUE RD  
SUMMERFIELD, FL 34490

## New Mailing Address:

5608 S.W. 89TH PLACE  
OCALA, FL 34476

FEI Number: 02-0718163

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LESAGE, WALTER R  
14721 S E FIRST AVENUE RD.  
SUMMERFIELD, FL 34491 US

## Name and Address of New Registered Agent:

LESAGE, GERALD E  
5608 S.W. 89TH PLACE  
OCALA, FL 34476 US

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.

SIGNATURE: GERALD LESAGE

04/26/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: LESAGE, WALTER R  
Address: 14721 SE FIRST AVENUE RD  
City-St-Zip: SUMMERFIELD, FL 34490

Title: V.PR ( ) Delete  
Name: LESAGE, GERALD E  
Address: 5608 S W 89 TH. PL.  
City-St-Zip: OCALA, FL 34476

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition  
Name: LESAGE, GERALD E  
Address: 5608 S.W. 89TH PLACE  
City-St-Zip: OCALA, FL 34476

Title: V.PR (X) Change ( ) Addition  
Name: LESAGE, MADELINE M  
Address: 5608 S W 89 TH. PL.  
City-St-Zip: OCALA, FL 34476

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD LESAGE

PST

04/26/2006

Electronic Signature of Signing Officer or Director

Date