

# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000060393

FILED  
Sep 19, 2009  
Secretary of State

Entity Name: PRECISION PRESSURE WASHING, INC.

## Current Principal Place of Business:

233 HAMON AVE.  
SANTA ROSA BEACH, FL 32459 US

## New Principal Place of Business:

## Current Mailing Address:

233 HAMON AVE.  
SANTA ROSA BEACH, FL 32459 US

## New Mailing Address:

FEI Number: 56-2454570

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DUTY, MICHAEL D  
233 HAMON AVE.  
SANTA ROSA BEACH, FL 32459 US

## Name and Address of New Registered Agent:

DUTY, MICHAEL D  
111 PINEHURST DR  
SANTA ROSA BEACH, FL 32459 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:

09/19/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DUTY, MICHAEL D MR.  
Address: 233 HAMON AVE.  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: VP ( ) Delete  
Name: KVITA, JIRI  
Address: 6075 DANCING CLOUD CT. #209  
City-St-Zip: DESTIN, FL 32541 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DUTY, MICHAEL D MR.  
Address: 111 E. PINESURST DR  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TR ( ) Change (X) Addition  
Name: DUTY, JOSHUA C  
Address: 233 HAMON AVE  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL D DUTY

P

09/19/2009

Electronic Signature of Signing Officer or Director

Date