## 2006 FOR PROFIT CORPORATION ANNUAL RÉPORT (AR)

of the corporation or the receiver if changed, or on an attachment

SIGNATURE:

## Mar 20, 2006 08:00 AM DOCUMENT # P04000070842 **Secretary of State** 1. Entity Name D. G. S. POWER WASHING, INC. Principal Place of Business Mailing Address P.O. BOX 3187 BRANDON FL 33509 628 MARPHIL LOOP BRANDON FL 33511 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 34-1991857 Not Applicable Zip Country Zìp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOLLAND, KRISTEN J Street Address (P.O. Box Number is Not Acceptable) 628 MARPHIL LOOP BRANDON FL 33511 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or repistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and life if applicable (NOTE: Registered Agent argnature required when reinstalling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DILE Delete RTE ☐ Change Addition MALKE SMITH, DONALD G NAME U00000475409 STREET ADDRESS 628 MARPHIL LOOP STREET ADDRESS 04/05/06-80014-012 158.75 CITY-ST-ZIP BRANDON FL 33511 CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME HOLLAND, KRISTEN J NAME STREET ADDRESS 628 MARPHIL LOOP STREET ADDRESS CITY-ST-ZIP BRANDON FL 33511 CRY-ST-ZIP 7074 Delete SILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BILE ☐ Delete HITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete DHE Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-57-71P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 exployered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the production of the corporation or the receiver or trustee exployered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

other like empowered.

DONALD G SMITH

FILED