

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 22, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90089 001 \*\*\*300.00

**DOCUMENT # P04000097231**

1. Entity Name  
**COVENTRY PRESSURE CLEAN, INCORPORATED**



Principal Place of Business  
**6223 C DURHAM DRIVE  
LAKE WORTH, FL 33467 US**

Mailing Address  
**6223 C DURHAM DRIVE  
LAKE WORTH, FL 33467 US**

**66019700**



04222007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**32-0150610**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BENT, MICAH O  
6223 C DURHAM DRIVE  
LAKE WORTH, FL 33467**

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

*M. O. Bent*

(NOTE: Registered Agent signature required when renewing)

DATE **6/24/07**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **P**  
NAME **BENT, MICAH O**  
STREET ADDRESS **6223 C DURHAM DRIVE**  
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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:

*M. O. Bent*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **6/18/07**

Daytime Phone #