


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90029 034 ***150.00

DOCUMENT # P04000105662					
1. Entity Name PORTILLO PRESSURE WASHING, INC.					
Principal Place of Business 9080 SAN CARLOS BLVD. FORT MYERS, FL 33912			Mailing Address 9080 SAN CARLOS BLVD. FORT MYERS, FL 33912		
2. Principal Place of Business - No P.O. Box # 9080 SAN CARLOS BLVD		3. Mailing Address 9080 SAN CARLOS BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State FORT MYERS FL		City & State FORT MYERS FL		4. FEI Number 20-1333443	
Zip 33967		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PORTILLO, WILMER Y. 9080 SAN CARLOS BLVD. FORT MYERS, FL 33912		7. Name and Address of New Registered Agent Name: PORTILLO WILMER Y. Street Address (P.O. Box Number is Not Acceptable): 9080 SAN CARLOS BLVD City: FORT MYERS FL Zip Code: 33967			
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 <u>X</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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	PSD PORTILLO, WILMER Y 9080 SAN CARLOS BLVD. FORT MYERS, FL 33912 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PORTILLO WILMER Y 9080 SAN CARLOS BLVD FORT MYERS FL 33967 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PORTILLO, JUAN PIO 2310 MAPLE AVE - # 101 FT MYERS, FL 33901 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, JOSE EUSEBIO 2310 MAPLE AVE - # 101 FT MYERS, FL 33901 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>X Wilmer Y portillo</u>			01/19/07 PRESIDENT		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		