## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT DOCUMENT # P04000116800** ELEVATED PRESSURES POWERWASHING, INC Mailing Address Principal Place of Business 14108 TAYCO DR 14108 TAYCO DR BROOKSVILLE, FL 34614 BROOKSVILLE, FL 34614 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent ROY, JAMES E 14108 TAYCO DR

**FILED** Apr 28, 2006 08:00 AN Secretary of State

DA MOR MIDITE IN THIS SOLOT			04272006 No Chg-P CR2E034 (11/05)					
DO NOT WRITE II	59-360		Applied For Not Applicable \$8.75 Additional Fee Required					
6. Name and Address of Current Regis	stered Agent		<del>,</del>	1 ce require				
ROY, JAMES E 14108 TAYCO DR BROOKSVILLE, FL 34614		DO NOT WRITE IN THIS SPACE						
The above named entity submits this statement for the the obligations of registered agent.	purpose of changing its registered office	e or registered agent, or bo	th, in the State of Florida. 1	am familiar with, and accept				
SIGNATURE Signature, typed or printed name of registered agent and title	il applicable. (NOTE, Registered Agent s	ignature required when reinstating)	re required when rehistating) DATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.		\$5.00 May Be Added to Fees						
10. OFFICERS AND DIRE	CTORS							
TITLE OWNE  NAME ROY, JAMES E  STREET ADDRESS 14108 TAYCO DR  CITY-ST-ZIP BROOKSVILLE, FL 34814			000000539 05/09/06-801	968 19-014 158.75				
TITLE VP NAME ROY, JANE E STREET ADDRESS 6047 3RD AVE N. CITY-ST-ZIP NEWPORT RICHEY, FL 34695								
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		<del>-</del>	NOT WRIT					
11666		IN	THIS SPAC	<i>,</i> C				

12.	I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Flo	rida Sta	itutes. I further cert	ify that the in	formation
	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 path; that i a	m an officer of	or director
	of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; ar	ıd ihat r	nymame appears ir	Block 10 or	Block 11 it
	changed or on an attachment with an address, with all other like empowered.	/	/ -	77	

**SIGNATURE** 

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP