


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 31, 2006 08:00 AM**  
**Secretary of State**

|   |   |   |
|---|---|---|
| <b>DOCUMENT # P04000144997</b>  |   |  |
| 1. Entity Name<br><b>AFFORDABLE PRESSURE CLEANING BY THE BEST, INC.</b>           |   |   |
| Principal Place of Business<br><b>11106 OSWALT ROAD<br/>CLERMONT, FL 34711 US</b> | Mailing Address<br><b>11106 OSWALT ROAD<br/>CLERMONT, FL 34711 US</b> |   |

**DO NOT WRITE IN THIS SPACE**



07252006 No Chg-P CR2E034 (11/05)

|   |  |
|---|--|
| 4. FEI Number<br><b>20-1781464</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

6. Name and Address of Current Registered Agent

**MULLINS, DENVER C  
11106 OSWALT ROAD  
CLERMONT, FL 34711**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |  |
|---|--|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 8, 2006</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|---|--|--|

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br><b>P</b>                          | <p><b>DO NOT WRITE IN THIS SPACE</b></p> <p>U00000572775<br/>07/31/06-80002-024 150.00</p> |
| NAME<br><b>MULLINS, DENVER C</b>           |  |
| STREET ADDRESS<br><b>11106 OSWALT ROAD</b> |  |
| CITY-ST-ZIP<br><b>CLERMONT, FL 34711</b>   |  |
| TITLE<br><b>NAME</b>                       |  |
| STREET ADDRESS<br><b>CITY-ST-ZIP</b>       |  |
| TITLE<br><b>NAME</b>                       | <p><b>DO NOT WRITE IN THIS SPACE</b></p>   |
| STREET ADDRESS<br><b>CITY-ST-ZIP</b>       |  |
| TITLE<br><b>NAME</b>                       |  |
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| STREET ADDRESS<br><b>CITY-ST-ZIP</b>       |  |
| TITLE<br><b>NAME</b>                       |  |
| STREET ADDRESS<br><b>CITY-ST-ZIP</b>       |  |
| TITLE<br><b>NAME</b>                       |  |
| STREET ADDRESS<br><b>CITY-ST-ZIP</b>       |  |

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: Denver C Mullins Denver C. Mullins 7-26-06 352-5943**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #