


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000145832</b>		
1. Entity Name <b>DARRICK NICHOLS PRESSURE CLEANING, INC.</b>		
Principal Place of Business <b>1020 SW ROMAINE LANE PORT SAINT LUCIE, FL 34953 US</b>	Mailing Address <b>1020 SW ROMAINE LANE PORT SAINT LUCIE, FL 34953 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>NICHOLS, DONNA J 2060 AVENUE "H" WEST RIVIERA BEACH, FL 33404</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P NICHOLS, DARRICK L 1020 SW ROMAINE LANE PORT SAINT LUCIE, FL 34953	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP ELLEN, JACKSON 1250 WEST 1ST STREET RIVIERA BEACH, FL 33404	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SEC DONNA, NICHOLS J 1020 SW ROMAINE LANE PORT SAINT LUCIE, FL 34953	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TRE DONALD, JACKSON 1250 WEST 1ST STREET RIVIERA BEACH, FL 33404	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME 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: <u><i>Darrick Nichols</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4-24-07</b> <b>561</b> <b>3102925</b> <small>Date Daytime Phone #</small>



01232007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>55-0871176</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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05/10/07-80072-004 150.00

**DO NOT WRITE  
IN THIS SPACE**