

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000149300

FILED  
Apr 16, 2007  
Secretary of State

Entity Name: DENICOLAS PRESSURE CLEANING INC

## Current Principal Place of Business:

5439 VIA DELRAY  
# 16  
DELRAY BEACH, FL 33484 US

## New Principal Place of Business:

5247 EDGEWOOD DRIVE  
LAKE WORTH, FL 33467 US

## Current Mailing Address:

5439 VIA DELRAY  
# 16  
DELRAY BEACH, FL 33484 US

## New Mailing Address:

5247 EDGEWOOD DRIVE  
LAKE WORTH, FL 33467 US

FEI Number: 20-1830571

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DENICOLA, ANTHONY P  
5439 VIA DELRAY  
# 16  
DELRAY BEACH, FL 33484 US

## Name and Address of New Registered Agent:

DENICOLA, ANTHONY P  
5247 EDGEWOOD DRIVE  
LAKE WORTH, FL 33467 US

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.

SIGNATURE:

04/16/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: V ( ) Delete  
Name: DENICOLA, CRYSTAL G  
Address: 5439 VIA DELRAY #16  
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DENICOLA, ANTHONY P  
Address: 5247 EDGEWOOD DRIVE  
City-St-Zip: LAKE WORTH, FL 33467 US

Title: V ( ) Change (X) Addition  
Name: DENICOLA, CRYSTAL G  
Address: 5247 EDGEWOOD DRIVE  
City-St-Zip: LAKE WORTH, FL 33467 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY P. DENICOLA

P

04/16/2007

Electronic Signature of Signing Officer or Director

Date