## **2008 FOR PROFIT CORPORATION**

## Apr 28, 2008 8:00 am Secretary of State ANNUAL REPORT 04-28-2008 90401 020 \*\*\*150.00 **DOCUMENT # P04000171054** SOFT TOUCH PRESSURE WASHING, INC. Principal Place of Business Mailing Address 6323 JESSUP DRIVE, LOT 409 6323 JESSUP DRIVE, LOT 409 ZEPHYRHILLS, FL 33540-7558 ZEPHYRHILLS, FL 33540-7558 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 37438 Hammond Drive 37438 Hammond Drive Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04232008 City & State City & State Applied For 4. FEI Number Zephyrhills, FL Zephyrhills, FL 52-2447845 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П 33541 USA 33541 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCCALLUM, JACK W 6323 JESSUP DRIVE, #409 Street Address (P.O. Box Number is Not Acceptable) 37438 Hammond Drive ZEPHYRHILLS, FL 33540-7558 City Zip Code 33541 Zephyrhills 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. ted name of registered agent and httle if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE MCCALLUM, SANDRA A NAME NAME STREET ADDRESS 6323 JESSUP DRIVE, LOT 409 STREET ADDRESS 37438 Hammond Drive ZEPHYRHILLS, FL 335407558 CITY-ST-ZIP CITY-ST-ZIP Zephyrhills, FL 33541 ☐ Delete TITLE ☐ Addition TITLE **XX**Change NAME MCALLUM, JACK NAME 6323 JESSUP DRIVE, LOT 409 STREET ADDRESS 37438 Hammond Drive STREET ADDRESS ZEPHYRHILLS, FL 335407558 CITY-ST-ZIP CITY-ST-ZIP Zephyrhills, FL 33541 ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Defete TITLE ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP City-St-ZIP

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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

**SIGNATURE** 

TITLE

NAME

STREET ADDRESS

CITY-ST-7/P

**FILED** 

Change

■ Addition