

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 24, 2008 08:00 A
Secretary of State**

DOCUMENT # P05000006077

1. Entity Name
ALL PRO POWERWASH, INC.



Principal Place of Business
**3501 GANDY BLVD.
PINELLAS PARK, FL 33787**

Mailing Address
**3501 GANDY BLVD.
PINELLAS PARK, FL 33787**



01182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1657783

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ERLENBUSCH, AL
3501 GANDY BLVD. Ste #1010
PINELLAS PARK, FL 33787**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

U000000793132

01/24/08-80037-006 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election: Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ERLENBUSCH, LYNNE
STREET ADDRESS	3501 GANDY BLVD STE 1010
CITY-ST-ZIP	PINELLAS PARK, FL 33781
TITLE	VP
NAME	ERLENBUSCH, AL
STREET ADDRESS	3501 GANDY BLVD. STE 1010
CITY-ST-ZIP	PINELLAS PARK, FL 33781
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Lynne Erlenbusch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-08

Date

727-521-4609

Daytime Phone #