## 2007 FOR PROFIT CORPORATION

## Apr 19, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P05000007426** 04-19-2007 90204 003 \*\*\*150.00 1. Entity Name **G&S PRESSURE WASHING INC.** Principal Place of Business Mailing Address 40010012 1357 WOLFE STREET 1357 WOLFE STREET JACKSONVILLE, FL 32205 JACKSONVILLE, FL 32205 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04152007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 20-2161073 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHNSON, GERALD Street Address (P.O. Box Number is Not Acceptable) 1357 WOLFE STREET JACKSONVILLE, FL 32205 Zip Code FL 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TELLE ☐ Change ☐ Addition MALIE JOHNSON, GERALD NAME 1357 WOLFE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32205 CITY-ST-ZIP TITLE ☐ Delete TITE ☐ Change ☐ Addition JOHNSON, GERALD NAME NAME 1357 WOLFE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32205 CITY-ST-ZIP Gerald Johnson Achange 1357 Wolfe St. Jacksonville FL 32205 Gerald Johnson Achange 1357 Wolfe St. Delete TOLE TITLE ■ Addition JOHNSON, SANDRA NAME NAME STREET ADDRESS 1357 WOLFE STREET STREET ADDRESS CITY-ST-7IP JACKSONVILLE, FL 32205 CITY-ST-ZIP TITLE X Delete TITLE JOHNSON, SANDRA NAME NAME STREET ADDRESS 1357 WOLFE STREET STREET ADDRESS Jacksonville, FL 32205 CITY-ST-ZIP JACKSONVILLE, FL 32205 CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Addition ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: Sugl

4-16-07 904-655-9024

FILED