



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90046 039 ***150.00

DOCUMENT # P05000022164					
1. Entity Name PETERSON'S POOL & PRESSURE WASHING SERVICE INC.					
Principal Place of Business 1480 GULF BOULEVARD UNIT 106 ENGLEWOOD, FL 34223 US			Mailing Address 1480 GULF BOULEVARD UNIT 106 ENGLEWOOD, FL 34223 US		
2. Principal Place of Business - No P.O. Box # 108 COCO LANE Suite, Apt. #, etc.		3. Mailing Address 108 COCO LANE Suite, Apt. #, etc.		40005286 	
City & State ROTONDA WEST FL		City & State ROTONDA WEST FL		4. FEI Number 20-2334979	
Zip 33947		Country Charlotte		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PETERSON, DAVID B 1480 GULF BOULEVARD UNIT 106 ENGLEWOOD, FL 34223				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 108 COCO LANE City ROTONDA WEST FL Zip Code 33947	
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 <u>David B. Peterson</u> <u>DAVID B. PETERSON, PRESIDENT</u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETERSON, DAVID B 1480 GULF BOULEVARD UNIT 106 ENGLEWOOD, FL 34223		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 108 COCO LANE ROTONDA WEST FL 33947	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PETERSON, BELINDA G 1480 GULF BOULEVARD UNIT 106 ENGLEWOOD, FL 34223		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 108 COCO LANE ROTONDA WEST FL 33947	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>David B. Peterson</u>			<u>DAVID B. PETERSON</u>		941-662-6947
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>