

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90173 030 ***150.00

DOCUMENT # P05000022164					
1. Entity Name PETERSON'S POOL & PRESSURE WASHING SERVICE INC.					
Principal Place of Business 108 COCO LANE ROTONDA WEST, FL 33947 US			Mailing Address 108 COCO LANE UNIT 106 ROTONDA WEST, FL 33947 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address 108 COCO LANE Suite, Apt. #, etc.		
City & State			City & State ROTONDA WEST, FL		
Zip		Country		Zip 33947	
Country		Country US		4. FEI Number 20-2334979	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent PETERSON, DAVID B 108 COCO LANE ROTONDA WEST, FL 33947			7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL Zip Code: _____		
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><i>David Peterson</i></u> 4-26-08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME PETERSON, DAVID B STREET ADDRESS 108 COCO LANE CITY-ST-ZIP ROTONDA WEST, FL 33947	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME PETERSON, BELINDA G STREET ADDRESS 108 COCO LANE CITY-ST-ZIP ROTONDA WEST, FL 33947	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 information.					
SIGNATURE: <u><i>David Peterson</i></u> 4-26-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					