


**FILED**  
**Jun 11, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90033 040 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

S/:

<b>DOCUMENT # P05000032101</b> 1. Entity Name <b>THOMAS RINE PRESSURE CLEANING, INC.</b>	
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Principal Place of Business <b>1911 SNYDER DRIVE          ALVA, FL 33920 US</b>	Mailing Address <b>1911 SNYDER DRIVE          ALVA, FL 33920 US</b>
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66014001



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03312008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-2440877</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

<b>RINE, THOMAS E          1911 SNYDER DRIVE          ALVA, FL 33920</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

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	PVST
NAME	RINE, THOMAS E
STREET ADDRESS	1911 SNYDER DRIVE
CITY-ST-ZIP	ALVA, FL 33920
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 empowered.

SIGNATURE: *Thomas E. Rine*

6.6.08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #