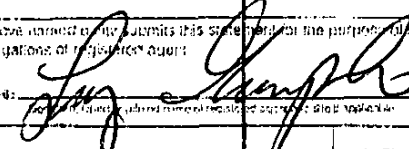
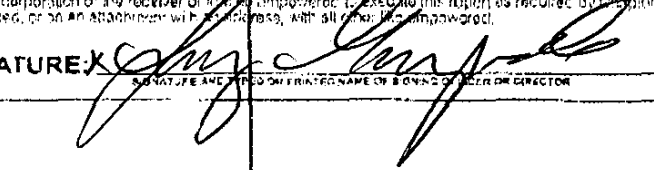


FILED
Aug 16, 2006 8:00 am
Secretary of State

08-16-2006 90001 011 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P05000041273			
1. Entity Name: LARRY'S PRESSURE CLEANING, INC.			
Principal Place of Business: 3087 SW LUCERNE ST. PORT ST. LUCIE, FL 34953		Mailing Address: 3087 SW LUCERNE ST PORT ST. LUCIE, FL 34953	
2. Principal Place of Business: 1300 SW Wellington Ave		3. Mailing Address: 1300 SW Wellington Ave	
City & State: PSL, Florida		City & State: PSL, FLORIDA	
ZIP: 34953		Country: USA	
4. PER Number: 20-2529024		Applied For: Not Applicable	
5. Certificate of Status Denial: ☐		Additional Fee Required: \$8.75	
6. Name and Address of Current Registered Agent: GAMPOLO, LAWRENCE W 3087 S.W. LUCERNE ST. PORT ST. LUCIE, FL 34953		7. Name and Address of New Registered Agent: GAMPOLO, Lawrence Street Address (P.O. Box Number is Not Acceptable): 1300 SW Wellington Ave Port St. Lucie City FL 34953	
8. The above named agent admits 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: 		DATE: 8-14-06	
FILE NOW! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing: Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1*	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P/D ☐ Delete GAMPOLO, LAWRENCE W 3087 SW, LUCERNE ST. PORT ST. LUCIE, FL 34953	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PIB GAMPOLO, Lawrence 1300 SW Wellington Ave Port St. Lucie, FL 34953
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, Florida Statutes. I further certify that the information included 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 this 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 a superseding, with all other like empowered.			
SIGNATURE: 		DATE: 8-14-06	

