07/31/2006 02:13 5616842612 HR BLOCK

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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.

40101690

Principal Place of Business	Mailing Address
3087 SW LUCERNE ST. PORT ST. LUCIE, FL 34953	3087 SW LUCERNE ST PORT ST. LUCIE, FL 34953

08092006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
1300 SW Wellington AVE (Suite, Apt. #, etc.)	1300 SW Wellington AVE (Suite, Apt. #, etc.)
City & State: PSL, Florida	City & State: PSL, FLORIDA
Zip: 34953 Country: USA	Zip: 34953 Country: U.S.A

4. FEI Number: 20-2529024 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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

Name: GAMPOLO, Lawrence
Street Address (P.O. Box Number is Not Acceptable): 1300 SW Wellington AVE
City: Port St. Lucie FL Zip Code: 34953

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] 8-14-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D GAMPOLO LAWRENCE W 3087 SW. LUCERNE ST. PORT ST. LUCIE, FL 34953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D GAMPOLO, Lawrence 1300 SW Wellington AVE Port St. Lucie, FL 34953	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: X [signature] 8-14-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

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ATTACHMENT 40101690 #P05000041273

Employer's Quarterly Report

5050 W. Tennessee St., Tallahassee, FL 32399-0180

ATX1
UCT-6
R. 01/06

Employers are required to file quarterly tax/wage reports regardless of employment activity or whether any taxes are due.

8610020060230006805403195000000000000005

Quarter Ending	Due Date	Penalty After Date	Tax Rate	UC Account Number
05/30/2006	07/31/2006	07/31/2006	.0270	

Employer's Name LARRYS PRESSURE CLEANING INC

Mailing Address 1300 SW WELLINGTON AV

City/State/ZIP PORT ST LUCIE, FL 34953

F.E.I. Number 20-2529024

For Official Use Only - Postmark Date

1. Enter the total number of full-time and part-time covered workers who performed services during or received pay for the period including the 12th of the month.

1st Month	1
2nd Month	1
3rd Month	1

2. Gross Wages Paid this Quarter	5804.51
3. Wages Paid This Quarter in Excess of $7,000 per Employee This Year	4609.02
4. Taxable Wages for This Quarter (Item 2 minus Item 3)	1195.49
5. Tax Due (Multiply Item 4 by 2.73%)	32.28
6. Penalty Due (See Instructions)	0.00
7. Interest Due (See Instructions)	0.00
8. Total Amount Due	32.28

Make check payable to Florida U.C. Fund (If less than $1.00 no remittance is necessary.)

9. EMPLOYEE'S SOCIAL SECURITY NUMBER	10. EMPLOYEE'S NAME Last Name	First Initial	Middle Initial	11. EMPLOYEE'S GROSS WAGES PAID THIS QUARTER
274-66-4248	GAMPOLO	L		5804 51
				0 00
				0 00
				0 00
				0 00
	12. Total Gross Wages This Page			5804 51

I certify the information contained on this report is true and correct and no part of the unemployment tax was, or is to be deducted from the Employee's wages.

(DO NOT DETACH)

Signature: [signature] Date: 8-14-06

Title: President Telephone No.: 772-873-5040

Signature of Preparer

Preparer's Telephone No.

LARRYS PRESSURE C
1300 SW WELLINGTO

PORT ST LUCIE, FL

Check here if you transmitted funds electronically

UI Account Number:

Make check payable to: Florida U.C. Fund

Mail To:
FLORIDA DEPARTMENT OF REVENUE
5050 W TENNESSEE ST
TALLAHASSEE FL 32399-0180

ATX1
UCT-6
R. 01/06

0	202529024	1	1
1	580451	460902	119549
3228	0	0	3228
274664248	GAMPOLO	LARRY	580451
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0

3228

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