

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90062 039 ***150.00

DOCUMENT # P05000101757 1. Entity Name B&N PRESSURE CLEANING, INC.			
Principal Place of Business 349 GREENBRIAR DR PALM SPRINGS, FL 33461		Mailing Address 349 GREENBRIAR DR PALM SPRINGS, FL 33461	
2. Principal Place of Business - No P.O. Box # 717 MCINTOSH ST Suite, Apt. #, etc.		3. Mailing Address 717 MCINTOSH ST Suite, Apt. #, etc.	
City & State WEST PALM BEACH Zip 33405		City & State WEST PALM BEACH Zip 33405	
Country USA		Country USA	
4. FEI Number 83-0434987		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOMINGUEZ, BRISTOL 349 GREENBRIAR DR PALM SPRINGS, FL 33461		7. Name and Address of New Registered Agent Name DOMINGUEZ, BRISTOL Street Address (P.O. Box Number is Not Acceptable) 717 MCINTOSH ST City WEST PALM BEACH FL Zip Code 33405	
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: <small>Signature, typed or printed name of registered agent and date 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 NAME STREET ADDRESS CITY-ST-ZIP	P DOMINGUEZ, BRISTOL 349 GREENBRIAR DR PALM SPRINGS, FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOMINGUEZ, BRISTOL 717 MCINTOSH ST WEST PALM BEACH, FL 33405 <input checked="" 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 empowered.			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		PRESIDENT 2-22-08 3091743 <small>Date Daytime Phone #</small>	

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