


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000122789		
1. Entity Name GULF COAST PRESSURE WASHING, INC.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV -2 AM 9:56

Principal Place of Business 306 SEAGULL LN DESTIN, FL 32541-1925	Mailing Address 306 SEAGULL LN DESTIN, FL 32541-1925
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REINSTATEMENT 06

2. Principal Place of Business 306 Seagull Ln Suite, Apt. #, etc.	3. Mailing Address 306 Seagull Ln Suite, Apt. #, etc.
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10052006 REIN-P CR2E098 (11/05)

City & State Destin, FL	City & State Destin, FL	4. FEI Number P05000122789	Applied For Not Applicable
Zip 32541	Country USA	Zip 32541	Country USA

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TULLY, MIKE 306 SEAGULL LN DESTIN, FL 32541-1925	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TULLY, MIKE 306 SEAGULL LN DESTIN, FL 325411925 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300081472633 11/02/06--01033--008 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Mike</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <u>Oct 3rd 04</u> 850 855-7209 Daytime Phone: <u>855-7209</u>