


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2006 8:00 am**  
**Secretary of State**

07-12-2006 90005 004 \*\*\*550.00

<b>DOCUMENT # P05000126806</b>	
1. Entity Name <b>E-Z COME E-Z GO PAINTING &amp; PRESSURE CLEANING INC</b>	

Principal Place of Business <b>4637 SOUTH HARDING AVE LAKELAND, FL 33813</b>	Mailing Address <b>4637 SOUTH HARDING AVE LAKELAND, FL 33813</b>
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2. Principal Place of Business <b>1220 State Road 37 S.</b>	3. Mailing Address <b>1220 State Road 37 S.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Mulberry, FL</b>	City & State <b>Mulberry, FL</b>
Zip <b>33860</b>	Country <b>Polk</b>

07092006 Chg-P CR2E034 (11/05)

4. FEI Number <b>203471080</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>BARRETT, CHRISTOPHER 4637 SOUTH HARDING AVE LAKELAND, FL 33813</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$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	<b>P BARRETT, CHRISTOPHER 4637 SOUTH HARDING AVE LAKELAND, FL 33813</b> <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: Christopher Barrett  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/06  
Date

863-528-1360  
Daytime Phone #