


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90036 034 ***150.00

DOCUMENT # P05000126806	
1. Entity Name E-Z COME E-Z GO PAINTING & PRESSURE CLEANING INC	

Principal Place of Business 1220 STATE RD. 37 S MULBERRY, FL 33860	Mailing Address 1220 STATE RD. 37 S MULBERRY, FL 33860
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2. Principal Place of Business - No P.O. Box # 750 Creative Drive	3. Mailing Address 750 Creative Drive
Suite, Apt. #, etc. Box #7	Suite, Apt. #, etc. Box #7
City & State Lakeland, FL	City & State Lakeland, FL
Zip 33813	Country Polk

40020741



02012007 Chg-P CR2E034 (12/06)

4. FEI Number 20-3471080	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 BARRETT, CHRISTOPHER 4637 SOUTH HARDING AVE LAKELAND, FL 33813	
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 _____
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 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARRETT, CHRISTOPHER 4637 SOUTH HARDING AVE LAKELAND, FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: Christopher Barrett Christopher Barrett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/07 863-5281360
Date Daytime Phone #