2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## May 09, 2007 8:00 am Secretary of State DOCUMENT # P06000010218 1. Entity Name 05-09-2007 90093 025 \*\*\*158.75 PRESSURE CLEANING BY ELVIS CORP Principal Place of Business Mailing Address 4051 NE 4 AVENUE POMPANO BEACH FL 33064 4051 NE 4 AVENUE POMPANO BEACH FL 33064 2. Principal Place of Business - No P.O. Box # 7606 N. 53 \$ street 7606 N.53 S Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number City & State City & State Applied For Florida orida TomPa 20-4143511 Iampa Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33617 Hillsborough 11/15 borough Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BUTLER, ELVIS T Street Address (P.O. Box Number is Not Acceptable) **4051 NE 4 AVENUE** POMPANO FL 33064 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. 04-23-2007 SIGNATURE (NOTE, Registered Agen) signature required when reinstating? FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete HILE 🖄 Change ☐ Addition Elvis T Butter, 7606 N. 53 & Street BUTLER, ELVIS T NAME NAME 4051 NE 4 AVENUE STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33064 CITY-ST-ZIP CITY - S1 - ZIP TAMPa. FL. HUE ☐ Delete TITLE ☐ Change Addition NAME NAME: STREET ADDRESS STREET ADDRESS CJTY ST-7IP CITY - ST - ZIP HILE ☐ Delete BILL. Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete 11116 □ Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP IIILE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP TITLE ☐ Delete TIME ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Fiorida 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 Chaptor 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:

FILED