# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 17, 2008**
**Secretary of State**

DOCUMENT# P06000018879

**Entity Name:** PRECISION QUALITY PAINTING & PRESSURE WASHING, INC.

**Current Principal Place of Business:**

4400 NW NORTH MACEDO BLVD
PORT ST LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

4400 NW NORTH MACEDO BLVD
PORT ST LUCIE, FL 34983

**New Mailing Address:**

12038 KEY LIME BLVD
WEST PALM BEACH, FL 33412

**FEI Number: 75-3207850** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FRANCOIS, SOUVENANTHE
4400 NW NORTH MACEDO BLVD
PORT ST LUCIE, FL 34983 US

**Name and Address of New Registered Agent:**

TRICIA, JOLICOEUR
12038 KEY LIME BLVD
WEST PALM BEACH, FL 33412 US

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.

SIGNATURE: TRICIA JOLICOEUR 03/17/2008
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: ETIENNE, ONEL
Address: 4400 NW NORTH MACEDO BLVD
City-St-Zip: PORT ST LUCIE, FL 34983

Title: V ( ) Delete
Name: FRANCOIS, SOUVENANTHE
Address: 4400 NW NORTH MACEDO BLVD
City-St-Zip: PORT ST LUCIE, FL 34983

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: TRICIA, JOLICOEUR
Address: 12038 KEYLIME BLVD
City-St-Zip: WEST PALM BEACH, FL 33412

Title: V ( ) Change (X) Addition
Name: GUILIN, JOLICOEUR
Address: 12038 KEYLIME BLVD
City-St-Zip: WEST PALM BEACH, FL 33412

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ONEL ETIENNE P 03/17/2008
Electronic Signature of Signing Officer or Director Date