

From (480) 287-8990

Wed 07 Feb 2007 09:00:41 PM

2007 FOR PROFIT CORPORATION
ANNUAL REPORT**FILED**
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90195 049 ***150.00

DOCUMENT # P06000108881

1. Entity Name

HIGH POWWER WASHING SURFACE TREATMENT/
PRESSURE WASHING INC

Principal Place of Business

5164 CONROY RD
ORLANDO, FL 32861

Mailing Address

P.O. BOX 618699
ORLANDO, FL 32861

2. Principal Place of Business - No P.O. Box #

7228 Wood Hill Park Dr

3. Mailing Address

D.O. Box 618699

Suite, Apt. #, etc.

Suite, Apt. #, etc.



02072007

Chg-P

CR2E034 (12/06)

City & State

Orlando FL

City & State

Orlando, FL

4. FEI Number

74-3188283

☒ Applied For

Not Applicable

Zip

32819

Country

USA

Zip

328101

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, WILLIAM T
5164 CONROY RD
ORLANDO, FL 32811

7. Name and Address of New Registered Agent

Name

Smith, William T.

Street Address (P.O. Box Number is Not Acceptable)

5164 Conroy Rd

City

Orlando

FL

Zip Code

32811

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 \$550.009. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, WILLIAM T	
STREET ADDRESS	P.O. BOX 618699	
CITY - ST - ZIP	ORLANDO, FL 32861	

TITLE	VP	<input type="checkbox"/> Delete
NAME	Eunice Smith	
STREET ADDRESS	P.O. Box 618699	
CITY - ST - ZIP	Orlando FL 32861	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

William T. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-947-4801