

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90393 041 ***150.00

DOCUMENT # P06000137729

1. Entity Name

T.N.T. PRESSURE WASHERS, INC.



Principal Place of Business

6612 WEST THONOTOSASSA ROAD
PLANT CITY FL 33565
US

Mailing Address

6612 WEST THONOTOSASSA ROAD
PLANT CITY FL 33565
US



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

3810 Campbell Creek PL

3. Mailing Address

3810 Campbell Creek PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Plant City, FL

City & State

Plant City, FL

Zip

33565

Country

USA

Zip

33565

Country

USA

4. FEI Number

16-1779293

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALL, TONY D
6612 WEST THONOTOSASSA ROAD
PLANT CITY FL 33565

7. Name and Address of New Registered Agent

Name

Todd Eick

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

3810 Campbell Creek PL

City

Plant City

FL

Zip Code

33545

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

Todd Eick Todd Eick

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/12/07

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME EICK, TODD
STREET ADDRESS 3810 CAMPBELL CREEK DRIVE
CITY-ST-ZIP PLANT CITY FL 33565

TITLE SEC ☒ Delete
NAME HALL, TONY D
STREET ADDRESS 6612 THONOTOSASSA ROAD
CITY-ST-ZIP PLANT CITY FL 33565

TITLE TREA ☒ Delete
NAME HALL, TONY D
STREET ADDRESS 6612 THONOTOSASSA ROAD
CITY-ST-ZIP PLANT CITY FL 33565

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Section 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:

Todd Eick Todd Eick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/07
Date

813-598-1781
Daytime Phone #