

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000144687

**FILED**  
**Apr 19, 2007**  
**Secretary of State**

**Entity Name:** SPLISH SPLASH PRESSURE WASHING INC.

**Current Principal Place of Business:**

91 S PIEDMONT AVE  
PORT ORANGE, FL 32129

**New Principal Place of Business:**

**Current Mailing Address:**

91 S PIEDMONT AVE  
PORT ORANGE, FL 32129

**New Mailing Address:**

**FEI Number:** 22-3947187

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

RICHARD K. CHURCHMAN, PA  
1255 MASON AVE  
DAYTONA BEACH, FL 32117 US

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

BONNIE'S ACCOUNTING SERVICE  
909 BIG TREE RD.  
SOUTH DAYTONA, FL 32119 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: BONNIE BARNARD

04/19/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: NICHOLS, PEGGY A  
Address: 91 S PIEDMONT AVE  
City-St-Zip: PORT ORANGE, FL 32129

Title: VSD ( ) Delete  
Name: NICHOLS, BRUCE E  
Address: 91 S PIEDMONT AVE  
City-St-Zip: PORT ORANGE, FL 32129

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

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

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

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

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

Title: SEC ( ) Change (X) Addition  
Name: ROTELLA, JOSEPH  
Address: 1222 TRACY DR  
City-St-Zip: PORT ORANGE, FL 32129

Title: TRE ( ) Change (X) Addition  
Name: LINDSTROM, JOSEPH  
Address: 1323 ASPEN ST  
City-St-Zip: BUNNELL, FL 32110

I hereby certify that the information supplied with this filing does not qualify for the 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: PEGGY A. NICHOLS

PTD

04/19/2007

Electronic Signature of Signing Officer or Director

Date