2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State **DOCUMENT # P07000044148** 06-17-2008 90001 048 ***150.00 FIRST CLASS PRESSURE CLEANING OF TAMPA, INC. Principal Place of Business Mailing Address 1403 MCCREA DRIVE LUTZ FL 33549 1403 MCCREA DRIVE LUTZ FL 33549 POUTAGOO 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/08) Cilv & State City & State 4. EEI Number Applied For <u> 20 - 889 76</u> Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PINKNEY, JAMES BRENTON 1403 MCCREA DRIVE Street Address (P.O. Box Number is Not Acceptable) **LUTZ FL 33549** 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. " SIGNATURE Signature, typest or persed name of registered injent and till 4 supplicable. (NOTE Recurrent Ages) seguiture requires egap segretaling DATE FILE NOW!!! FEE IS \$550.00 \$.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 3, 2008 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees did not receive prior notice. Fee to file is \$150.00. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE TITLE ☐ Addition ☐ Detete ☐ Chance NAME PINKNEY, JAMES BRENTON NAME STREET ADDRESS 1403 MCCREA DRIVE STREET ADDRESS CITY-ST-ZIP LUTZ FL 33549 CITY-S1-ZIP ☐ Change Addition TTLE Detete DIL F NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZII TITLE ☐ Delete 1M F ☐ Change ☐ Addition HAMS NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TLT) F ☐ Channe Addition NAME HAME STREET ADOPESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Channe Addition ☐ Delete TETLE nne NAME NLMF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If 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 path; that I am an officer or director of the corporation or the receiver or prustee 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: Davizne Phone # IAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jul 02, 2008 8:00 am

.ATTACHMENT

June 12, 2008

P07000044148

Division of Corporation Annual Report Section P.O. Box 6850 Tallahassee, FL. 32314

Subject: 2008 Annual report (AR)

Please be advised that this is the first time that I am filing a document of this nature. I didnot receive through the mail the first notice for payment.

Therefore, I am enclosing a check for the amount of \$150.00 as stated, and request that the additional fees be waived.

When the 2009 Annual Report (AR) is issued, I will be on alert for the above-mentioned report during the next tax season.

If this request is granted by the State, thank you in advance for your understanding and support regarding this matter.

Sincerely,

James B. Pinkney