## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 28, 2008 8:00 am Secretary of State

DOCUMENT # P0700045074  1. Entity Name JD'S PRESSURE CLEANING AND PAINTING INC					07-28-2008 90034 045 **					045 ***1	50.00	
Principal Place	e of Business	Mailin	ng Address					_				
11605 NW 47 DRIVE			11605 NW 47 DRIVE									
CORAL SPRINGS, FL 33076			CORAL SPRINGS, FL 33076									
						!						
2. Principal Place of Business - No P.O. Box #			3. Mailing Address									
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.				07102008	Ch	g-P	CR2E	034 (12/06)	)
City & State		City	City & State				4. FEI Num	ber 884	567	8	-	pplied For of Applicable
Zip	Country	Zip		Coun	try		5. Certificat	e of Status	Desired		\$8.75 Ad Fee Require	
	6. Name and Address of Curr	rent Register	ed Agent				7. Name an	d Addres	s of New Re	gistered	Agent	
MEDINDA,	HIAND				Name -	(Ja	n Da	rid H	ledir	a		
11605 NW	47 DRIVE		Street Address			dress (I	P.O. Box Num	ber is Not				<del></del> -
CORAL SF	PRINGS, FL 33076					)5	NW	49 I	Drive	 		
					City ()		16	,		FL	Zip Co	de C
	named entity submits this stateme	ent for the purp	pose of changing its r	registere	ed office or r	register	ed agent, or b	ioth, in the	State of Flo			, and accept
SIGNATURE_	31/4								<u> </u>	1-20	2-0€	3
	Signature worth a printed raine of registered	agent and title if ap	plicable. (NOTE:	Registere	d Agent signature	e required	when reinstating)			DATE		
	LE NOW!!! FEE IS \$150.00 ue by September 12, 200	0	9. Election Campaig Trust Fund Contri	gn Finar		\$5.	00 May Be ed to Fees	In acc	ordance w	ith s. 60 not receiv	7.193(2)(b) ve the prior	, F.S., the notice.
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12. Thereby 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: \_

TOan David Medin

7-20-08 954-588-22