

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90023 045 ***150.00

DOCUMENT # P07000070076 1. Entity Name EXPRESS DRAIN CLEANING SERVICES, INC.					
Principal Place of Business 901 DOUGLAS AVE., STE. 101 ALTAMONTE SPRINGS, FL 32714			Mailing Address 901 DOUGLAS AVE., STE. 101 ALTAMONTE SPRINGS, FL 32714		
2. Principal Place of Business - No P.O. Box # 1782 NE 17th ST		3. Mailing Address 1782 NE 17th ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State OCALA FL		City & State OCALA FL		4. FEI Number 90-0329963	
Zip 34470		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPEZ, VICTOR M. 901 DOUGLAS AVE., STE. 101 ALTAMONTE SPRINGS, FL 32714		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LOPEZ, VICTOR M. 901 DOUGLAS AVE., STE. 101 ALTAMONTE SPRINGS, FL 32714		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1782 NE 17th ST OCALA, FL 34470	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Victor M Lopez</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/02/08 <small>Date Daytime Phone #</small>		