2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2009
Secretary of State

DOCUMENT# P08000008798

Entity Name: HOFFMAN PRESSURE WASHING, INC.

Current Principal Place of Business:

1505 FT. CLARKE BLVD
08-101
GAINESVILLE, FL 32606

New Principal Place of Business:

17637 DRIFTWOOD LN
LUTZ, FL 33558 US

Current Mailing Address:

1505 FT. CLARKE BLVD
08-101
GAINESVILLE, FL 32606

New Mailing Address:

17637 DRIFTWOOD LN
LUTZ, FL 33558 US

FEI Number: 26-1521153 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HOFFMAN, CHARLES D
1505 FT. CLARKE BLVD
08-101
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

HOFFMAN, CHARLES D
17637 DRIFTWOOD LN
LUTZ, FL 33558 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: _____ 04/12/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HOFFMAN, CHARLES D
Address: 1505 FT. CLARKE BLVD
City-St-Zip: GAINESVILLE, FL 32606 US

Title: VP ( ) Delete
Name: TILLMAN, STACEY L
Address: 1505 FT. CLARKE BLVD
City-St-Zip: GAINESVILLE, FL 32606 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HOFFMAN, CHARLES D
Address: 17637 DRIFTWOOD LN
City-St-Zip: LUTZ, FL 33558 US

Title: VP (X) Change ( ) Addition
Name: TILLMAN, STACEY L
Address: 17637 DRIFTWOOD LN
City-St-Zip: LUTZ, FL 33558 US

I hereby certify that the information supplied with this filing does not qualify 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: CHARLES D. HOFFMAN P 04/12/2009
Electronic Signature of Signing Officer or Director — Date