

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000041533

FILED  
Apr 24, 2011  
Secretary of State

**Entity Name:** HIGH TIDE EXTERIOR CLEANING SOLUTIONS, INC.

**Current Principal Place of Business:**

4225 A1A SOUTH  
SUITE 1, PMB 130  
ST. AUGUSTINE, FL 32080 US

**New Principal Place of Business:**

4255 A1A SOUTH  
SUITE 1, PMB 130  
ST. AUGUSTINE, FL 32080 US

**Current Mailing Address:**

4225 A1A SOUTH  
SUITE 1, PMB 130  
ST. AUGUSTINE, FL 32080 US

**New Mailing Address:**

4255 A1A SOUTH  
SUITE 1, PMB 130  
ST. AUGUSTINE, FL 32080 US

**FEI Number:** 26-3049183

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAW OFFICES OF JOHN GALLETTA JR., P.L.  
1095 ANASTASIA BOULEVARD  
ST. AUGUSTINE, FL 32080 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: STYLES, STEPHANIE  
Address: 601 TEESIDE COURT  
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: VPTD  
Name: STYLES, DAVID  
Address: 601 TEESIDE COURT  
City-St-Zip: ST. AUGUSTINE, FL 32080 US

I hereby 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 all other like empowered.

SIGNATURE: DAVID STYLES

VP

04/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date