

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000023571

Entity Name: PRESSURE KLEAN, INC.

FILED
Apr 05, 2012
Secretary of State

Current Principal Place of Business:

JACKSONVILLE COMMERCE & STORAGE CENTER
6299-9 POWERS AVE, UNIT 196
JACKSONVILLE, FL 32217 US

Current Mailing Address:

JACKSONVILLE COMMERCE & STORAGE CENTER
6299-9 POWERS AVE, UNIT 196
JACKSONVILLE, FL 32217 US

New Principal Place of Business:

JACKSONVILLE COMMERCE & STORAGE CENTER
6299 POWERS AVE, UNIT 16
JACKSONVILLE, FL 32217 US

New Mailing Address:

JACKSONVILLE COMMERCE & STORAGE CENTER
6299 POWERS AVE, UNIT 16
JACKSONVILLE, FL 32217 US

FEI Number: 26-4460171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BISHOP, LORI
8105 SUMMER BAY COURT
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

FADOOL, LORI
8105 SUMMER BAY COURT
JACKSONVILLE, FL 32256 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: LORI FADOOL

04/05/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V
Name: FADOOL, LORI
Address: 6299 POWERS AVENUE, UNIT 16
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: PD
Name: FADOOL, MICHAEL
Address: 6299 POWERS AVENUE, UNIT 16
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: S
Name: FADOOL, LORI
Address: 6299 POWERS AVENUE, UNIT 16
City-St-Zip: JACKSONVILLE, FL 32217 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: LORI FADOOL

VP

04/05/2012

Electronic Signature of Signing Officer or Director

Date