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Correction

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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: LAURA CRUSE'S Preseure Washing and Debn's Removal Inc. Name of Corporation DOCUMENT NUMBER: Plococo 25884		
Please return all correspondence concerning	g this matter to the following:	
LAURA D. CRUSE Name of Contact Person		
LAURA CRUSE'S PRESEUR WASKIN	5 and Abbris Permove O, Inc.	
281A Linda Drive		
Deland, Fl. 32720 City/State and Zip Code	· 	
L CRUSE & Gmail com E-mail address: (to be used for future annual rep	port notification)	
For further information concerning this mat	tter, please call:	
LAURA CRUSE Name of Contact Person	at (407) 493 - 2717 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amou	nt:	
\$35.00 Filing Fee	\$43.75 Filing Fee & Certificate of Status	
\$43.75 Filing Fee & Certified Copy	\$52.50 Filing Fee, Certificate of Status & Certified Copy	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF CORRECTION Contako, Angologo for LAURA CRUSE'S Pressure Washingard Debris Removal
Name of Corporation as currently filed with the Florida Dept of State P100000 25 884

Document Number (if known) Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected. These articles of correction correct filed with the Department of State on Specify the inaccuracy, incorrect statement, or defect: Correct the inaccuracy, incorrect statement, or defect:

Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

PURP D. CRUSE
(Typed or printed name of person signing)

Filing Fee: \$35.00