

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000025708

1. Entity Name
MULLIGAN'S PRESSURE CLEANING, INC.



FILED

07 JAN -2 2006

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1004 MANATEE ROAD, #H-303
NAPLES, FL 34116

Mailing Address
131 BONITA CT
MARCO ISLAND, FL 34145

2. Principal Place of Business
5801 Pelican Bay Blvd.

3. Mailing Address
5801 Pelican Bay Blvd.

Suite, Apt. #, etc.
#103

Suite, Apt. #, etc.
#103

City & State
Naples, FL

City & State
Naples, FL

Zip
34108

Country
USA

Zip
34108

Country
USA

12192006

REIN-P

CR25098 (11/05)

4. FEI Number
65-0484860

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PECK, DANIEL D ESQUIRE
PECK & PECK
5801 PELICAN BAY BOULEVARD, SUITE 103
NAPLES, FL 34108

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
MULLIGAN, L. JOSEPH
1004 MANATEE RD #H-303
NAPLES, FL 34116 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
HAMILTON, GARY
333 3RD ST. SW
NAPLES, FL 34116 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
300082861783
12/29/06--01033--002 **750.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/06

Date

Daytime Phone #

B. Mitchell

1211