

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90014 017 ***150.00

DOCUMENT # P97000021405

1. Entity Name

**A PROFESSIONAL JOB PAINTING & PRESSURE
CLEANING, INC.**



Principal Place of Business

3300 NE 10TH TERR
#27
POMPANO BEACH FL 33064

Mailing Address

3300 NE 10TH TERR
#27
POMPANO BEACH FL 33064

44001404



MOORE

CR2E034 (4/04)

2. Principal Place of Business

4502 N. Federal Hwy

3. Mailing Address

4502 N. Federal Hwy

Suite, Apt. #, etc.

334 D

Suite, Apt. #, etc.

#334-D

City & State

Lighthouse Pt. FL

City & State

Lighthouse Pt. FL

Zip

33064

Country

USA

Zip

33064

Country

USA

4. FEI Number

65-0535624

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

D'AMICO, RANDY
3300 NE 10TH TERR
#27
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name

D'Amico, Randy

Street Address (P.O. Box Number is Not Acceptable)

4502 N. Federal Hwy #334-D

City

Lighthouse Pt.

FL

Zip Code

33064

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

Randy D'Amico

owner/pres. 7-29-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	D'AMICO, RANDY	
STREET ADDRESS	3300 NE 10 TERR # 27	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	D'Amico, Randy	<input type="checkbox"/> Delete
NAME	4502 N. Federal Hwy #334-D	
STREET ADDRESS	Lighthouse Point, FL	
CITY-ST-ZIP	33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Randy D'Amico

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #