


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000075621</b>	
1. Entity Name <b>DEREK SYKES PRESSURE CLEANING, INC.</b>	

Principal Place of Business <b>1694 JULIA TONIA DRIVE WEST PALM BEACH, FL 33415</b>	Mailing Address <b>1694 JULIA TONIA DRIVE WEST PALM BEACH, FL 33415</b>
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03182007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0783738</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SYKES, DEREK  
1694 JULIA TONIA DRIVE  
WEST PALM BEACH, FL 33415**

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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 \_\_\_\_\_

U000000713495  
04/26/07 00001 024 150.00

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SYKES, DEREK 1694 JULIA TONIA DRIVE WEST PALM BEACH, FL 33415
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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:** *Derek E. Sykes* **3-21-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #