2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000029410

1. Entity Name
BLICK'S POWER WASH, INC.

Principal Place of Business	Mailing Address
2632 SILVER PALM DRIVE EDGEWATER, FL 32141	2632 SILVER PALM DRIVE EDGEWATER, FL 32141

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04232007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3503277

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BLICKER, MICHAEL F.
2632 SILVER PALM DRIVE
EDGEWATER, FL 32141

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

UH000031109
05/08/07-80107-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	BLICKER, MICHAEL F
STREET ADDRESS	2632 SILVER PALM DRIVE
CITY-ST-ZIP	EDGEWATER, FL 32141
TITLE	VD
NAME	BLICKER, MICHAEL C
STREET ADDRESS	2632 SILVER PALM DRIVE
CITY-ST-ZIP	EDGEWATER, FL 32141
TITLE	SD
NAME	BLICKER, MICHAEL F.
STREET ADDRESS	2632 SILVER PALM DRIVE
CITY-ST-ZIP	EDGEWATER, FL 32141
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Michael F. Blicker 4-20-07 386-428-5001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #