

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2008 8:00 am
Secretary of State

06-30-2008 90022 009 ***150.00

DOCUMENT # P98000029410

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



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

Mailing Address
**2632 SILVER PALM DRIVE
EDGEWATER, FL 32141**

40109329



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06032008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-3503277

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 \$550.00
Due by September 12, 2008**

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
PTD
BLICKER, MICHAEL F
2632 SILVER PALM DRIVE
EDGEWATER, FL 32141 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BLICKER, MICHAEL C
2632 SILVER PALM DRIVE
EDGEWATER, FL 32141 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael F. Blicher
JUNE 20, 2008

Date Daytime Phone #