2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000057037

1. Entity Name

PROFESSIONAL TANK CLEANING, INC.



FILED Jul 05, 2007 08:00 AM Secretary of State

Principal Place of Business

2308 NE 20TH AVE WILTON MANORS, FL 33305

Mailing Address

2308 NE 20TH AVE WILTON MANORS, FL 33305



DO NOT WRITE IN THIS SPACE

07022007 No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0856660

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

PELLERITO, ALEX R 2308 NE 20TH AVE WILTON MANORS, FL 33305

DO NOT WRITE IN THIS SPACE

WILLOW MINIONO, I'L GOODG			IN THIS SPACE			
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				required when reinstating)	DATE	
FILE NOWI!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PELLERITO, ALEX 2308 NE 20TH AVE WILTON MANORS, FL 33305				U00000766384	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					07/05/07-80005-025 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS						

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:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Olex

7-2-2007

007 954-325-8338