

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # P98000087415

1. Entity Name
UNDER PRESSURE CLEANING, INC.



Principal Place of Business
**8580 FT THOMAS WAY
ORLANDO, FL 32822**

Mailing Address
**8580 FT THOMAS WAY
ORLANDO, FL 32822**



04092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3537406

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WALTER, ROBERT D JR.
8580 FT THOMAS WAY
ORLANDO, FL 32822**

**DO NOT WRITE
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 Agent signature required when re-registering)

DATE _____

**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	P
NAME	WALTER, ROBERT D JR.
STREET ADDRESS	8580 FT THOMAS WAY
CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	V
NAME	WALTER, ROBERT D III
STREET ADDRESS	1466 ASH CIRCLE #202
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	S
NAME	WALTER, TRACY L
STREET ADDRESS	7757 FERNBROOK WAY
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	T
NAME	WALTER, GAIL M
STREET ADDRESS	8580 FT THOMAS WAY
CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/20/07-80075-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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

ROBERT WALTER

Date

4-9-07

Daytime Phone #

407 658-9194