

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
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



04262008 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
Fees 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 reissuing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U000000942460
05/29/08-80020-023 150.00

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	

**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: Robert Walter **ROBERT WALTER** 4-26-08 407-658-9194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #