

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90714 021 ***150.00

DOCUMENT # P99000000780

1. Entity Name
WILLIAMS PAINTING & PRESSURE CLEANING, INC.



Principal Place of Business
1325 LONGWOOD ST.
WEST PALM BEACH, FL 33401

Mailing Address
1325 LONGWOOD ST. #A
WEST PALM BEACH, FL 33401

94079530



2. Principal Place of Business
1325 LONGWOOD ST

3. Mailing Address
1325 LONGWOOD ST.

04222004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.
APT. #A

Suite, Apt. #, etc.
APT. #A

City & State
WPB, FL

City & State
W.P.B., FL

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip
33401

Country

Zip
33401

Country

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

6. Name and Address of Current Registered Agent

FRANKLIN-ELLIOTT
2777 S. CONGRESS AVE.
LAKE WORTH, FL 33461

7. Name and Address of New Registered Agent

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 \$150.00
After May 1, 2004 Fee will be \$550.00

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

D
WILLIAMS, ROBERT
1325 LONGWOOD ST.
WEST PALM BEACH, FL 33401

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

Robert Williams

1/29/04

(561) 714-0511