


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000006817	
1. Entity Name LARRY'S PAINTING & PRESSURE CLEANING, INC.	

Principal Place of Business 834 PEPPERTREE COURT WELLINGTON, FL 33414	Mailing Address 834 PEPPERTREE COURT WELLINGTON, FL 33414
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01242004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0892545	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ALBERTO, LARRY 834 PEPPERTREE COURT WELLINGTON, FL 33414
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**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 obligation of registered agent.

SIGNATURE   
(NOTE: Registered Agent signature required when reissuing) 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**

**U00000034559
02/05/04-80087-023 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ALBERTO, LARRY 834 PEPPERTREE COURT WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ALBERTO, LUANNE 834 PEPPERTREE COURT WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ALBERTO, LARRY 834 PEPPERTREE COURT WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 exemption stated in Section 19.07(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 this 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:  **President** **1-24-04** **561-333-9761**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #