2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2005 8:00 am

DOCUMENT # P9900026686 1. Entity Name MIKES PRESSURE CLEANING, INC.				04-18-2005 90306 048 ***150.00				
Principal Plac 9416 NW 73 TAMARAC, FL	RD CT	Mailing Address 9416 NW 73RD CT TAMARAC, FL 33321		**************************************	N 98WB JIENB BIYIR BIJIN 18WB STU	PESO II 1881		
	Tace of Business SW (01St P1. Rd. #, etc.	3. Mailing Address 137505W6/ Suite, Apt. #, etc.	St PI. Ro	04132005 Chg-P	CR2E034 (10/03)			
City & State		City & State OCALA, PL	. •	4. FEI Number 65-0920165		plied For t Applicable		
344B		34481_ (Country DSA	5. Certificate of Status Desired	See Required			
CELANO.	6. Name and Address of Current I	Registered Agent	Name C	7. Name and Address of New R	egistered Agent			
9416 NW 73RD CT TAMARAC, FL 33321			Street Address 1 3 1 5	Street Address (P.O. Box Number is Not Acceptable)				
L			City	ila.	FL Zip Code	181		
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 by rinted name of registered agent a	nd title if applicable. (NOTE: Re	ogistered Agent eignature re		4-14-05 DATE			
FILE NOWIT FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees								
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS	3 IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CELANO, TAMI 9416 NW 73RD CT TAMARAC, FL 33321	☐ Delete	NAME CO	TD Elano, Tamí 1750 sw 61st Place! Icala, PL. 34481	Change 2000	Addition		
TITLE NAME STREET ADORESS	PD CELANO, MICHAEL 9416 NW 73RD CT	☐ Delete	TITLE PA	D Lland, michael 5750 Swoolst Place	Road	☐ Addition		
CITY-ST-ZIP	TAMARAC, FL 33321	☐ Delete	CITY-ST-ZIP C	cala, FL. 34481	☐ Change	☐ Addition		
STREET ADDRESS CITY-ST-ZIP			- NAME					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition		
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								

SIGNATURE SUM (lano	TAMI CELANO	4-14-05	(352)489-2253
SIGNATURE AND TYPED OR PRINTED HAME	i of signing officer or director	Date	Daytime Phone #