

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000093296

FILED
Apr 14, 2004
Secretary of State

Entity Name: HANSON'S PRESSURE WASHING, INC.

Current Principal Place of Business:

9818 PALM WAY
TAMPA, FL 33635

New Principal Place of Business:

Current Mailing Address:

9818 PALM WAY
16-B
TAMPA, FL 33635

New Mailing Address:

9818 PALM WAY
TAMPA, FL 33635

FEI Number: 59-3605966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLETEE, CALVIN
15816 RYE LANE
TAMPA, FL 33625

Name and Address of New Registered Agent:

COLLETTE, CALVIN L
9818 PALM WAY
TAMPA, FL 33635

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.

SIGNATURE: CALVIN L. COLLETTE

04/14/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COLLETTE, CALVIN
Address: 2727 WEST FLETCHER APT 16-B
City-St-Zip: TAMPA, FL 33618

Title: SD () Delete
Name: COLLETTE, ELIZABETH
Address: 2727 WEST FLETCHER APT 16-B
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COLLETTE, CALVIN
Address: 9818 PALM WAY
City-St-Zip: TAMPA, FL 33635

Title: SD (X) Change () Addition
Name: COLLETTE, ELIZABETH
Address: 9818 PALM WAY
City-St-Zip: TAMPA, FL 33635

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CALVIN COLLETTE

PD

04/14/2004

Electronic Signature of Signing Officer or Director

Date