2004 ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90209 026 ***150.00

DOCUMENT # P99000111726

1. Entity Name
SQUEEKY KLEEN PRESSURE CLEANING, INC.

Principal Place of Business	Mailing Address
801 NW 42 ST. OCALA, FL 34475-1578	801 NW 42 ST. OCALA, FL 34475

94073425

2. Principal Place of Business		3. Mailing Address	
5895 PECAN RD		5895 PECAN RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: OCALA, FL		City & State: OCALA, FL	
Zip: 34472	Country	Zip: 34472	Country

4. FEI Number: 59-3618464 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WHALEN, THOMAS JR 801 NW 42 ST. OCALA, FL 34475-1578	Name: WHALEN, THOMAS JR. Street Address (P.O. Box Number is Not Acceptable): 5895 PECAN RD City: OCALA FL Zip Code: 34472

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] 4-28-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WHALEN JR, THOMAS 801 NW 42 ST OCALA, FL 34475-1578 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WHALEN JR, THOMAS 5895 PECAN RD OCALA, FL 34472 ☒ 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
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-28-04 352-368-2382
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #