

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90245 038 \*\*\*158.75

**DOCUMENT# V55749**

1. Entity Name

**A - PREMIUM PRESSURE CLEANING & PAINTING, INC.**



Principal Place of Business

**748 CADEZ ST. NE  
PALM BAY FL 32905**

Mailing Address

**748 CADEZ ST. NE  
PALM BAY FL 32905**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3134547**

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

**YEASLEY, STEVEN R  
748 CADEZ ST NE  
PALM BAY FL 32905**

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, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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 **PC** ☐ Delete  
NAME **YEASLEY, STEVEN R.**  
STREET ADDRESS **768 BIANCA DR., NE**  
CITY-ST-ZIP **PALM BAY FL 32905**

TITLE ☒ Change ☐ Addition  
NAME **748 Cadez St., NE**  
STREET ADDRESS **Palm Bay, FL 32905**  
CITY-ST-ZIP

TITLE **VTSD** ☐ Delete  
NAME **YEASLEY, DEBRA D.**  
STREET ADDRESS **768 BIANCA DR., NE**  
CITY-ST-ZIP **PALM BAY FL 32905**

TITLE ☒ Change ☐ Addition  
NAME **1639 Baker St., NE**  
STREET ADDRESS **Palm Bay, FL 32907**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **1639 Baker St., NE**  
STREET ADDRESS **Palm Bay, FL 32907**  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **M Robert Steele**  
STREET ADDRESS **1639 Baker St., NE**  
CITY-ST-ZIP **Palm Bay, FL 32907**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: **Debra Yeasley Debra Yeasley**

**3-4-06 321-725-8265**