2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # V55749

1. Entity Name

A - PREMIUM PRESSURE CLEANING & PAINTING, INC.



FILED Apr 03, 2008 08:00 Al Secretary of State

Principal Place of Business

748 CADEZ ST. NE PALM BAY, FL 32905 Mailing Address

748 CADEZ ST. NE PALM BAY, FL 32905



03312008

No Chg-P

CR2E034 (11/05)

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

Signature, typed or printed name of registered agent and title if applicable

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

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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida.	cept
	the obligations of registered agent.	·
cı	CNATI DE	

(NOTE: Registered Agent signature required when reinstating)

FILE NOWI!! FEE 18 \$150.00 After May 1, 2008 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees 000000879582 04/15/08-80025-018 158.75

DATE

10. OFFICERS AND DIRECTORS PC TITLE YEASLEY, STEVEN R. NAME STREET ADDRESS 748 CADEZ ST NE CITY-ST-ZIP PALM BAY, FL 32905 VTSD TITLE YEASLEY, DEBRA D. NAME STREET ADDRESS 1639 BAKER ST NE CITY-ST-7IP PALM BAY, FL 32907 DILE STEELE, ROBERT NAME STREET ADDRESS 1639 BAKER STINE CITY-ST-ZIP PALM BAY, FL 32907 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 affect as if made under cath; 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.

CICAIATIDE. Debra Geasley, VP 4-1-08