

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90062 027 ***158.75



DOCUMENT # V43339
 1. Entity Name
DOVELL WINDOW CLEANING COMPANY, INC.

Principal Place of Business Mailing Address
 10396 SW 74 CT 10396 SW 74 CT
 Ocala FL 34476 Ocala FL 34476
 US US



2. Principal Place of Business 3. Mailing Address
 8511 SW 68th Rd 8511 SW 68th Rd
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State
 Gainesville, FL Gainesville, FL
 Zip Country Zip Country
 32608 US 32608 US

4. FEI Number Applied For
 65-0346444 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TROSTEN, LAWRENCE
 10396 SW 74TH CT
 Ocala FL 34476

7. Name and Address of New Registered Agent
 Name **FRANK J. Martinez III**
 Street Address (P.O. Box Number is Not Acceptable)
 8511 SW 68th Rd
 City **Gainesville** **FL** Zip Code **32608**

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 *Frank J. Martinez III* DATE **2/2/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$5.00 May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TROSTEN, LAWRENCE	
STREET ADDRESS	10396 SW 74TH CT	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TROSTEN, ELISSA	
STREET ADDRESS	10396 SW 74TH CT	
CITY-ST-ZIP	OCALA FL 34476	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK J. Martinez III	
STREET ADDRESS	8511 SW 68th Rd	
CITY-ST-ZIP	Gainesville, FL 32608	
TITLE	✓	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deborah M. Trosten-Martinez	
STREET ADDRESS	8511 SW 68th Rd	
CITY-ST-ZIP	Gainesville, FL 32608	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Frank J. Martinez III* DATE **2/2/06** PHONE **352-351-6355**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #