2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 12, 2007 08:00 AM Secretary of State DOCUMENT # V43339 DOVELL WINDOW CLEANING COMPANY, INC. Principal Place of Business Mailing Address 8511 SW 68TH RD GAINESVILLE FL 32608 8511 SW 68TH RD **GAINESVILLE FL 32608** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/06) City & State Applied For City & State 4. FEI Number 65-0346444 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Dosired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TROSTEN, LAWRENCE Street Address (P.O. Box Number is Not Acceptable) 8511 SW 68TH RD GAINESVILLE FL 32608 City Zıp Code 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. 4-4-0° SIGNATURE Signature, typed or printed name of registered agent and title r applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. U00000702855 Change PD Delete 11111 TITLE FRANK, MARTINEZ J III NAME NAME. 04/20/07-80115-019 150.00 8511 SW 68TH RD STREET ADDRESS STREET ADDRESS GAINESVILLE FL 32608 CITY-S1-ZIP CHY-SI-ZIP ☐ Delete ☐ Change Addition BILL TROSTEN- MARTINEZ, DEBORAH M NAMI NAME 8511 SW 68TH RD STREET LADDRESS STREET ADDRESS CHY-ST-ZIP GAINESVILLE FL 32608 CITY-SI-ZIP Change ■ Addition THEF Delete HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CHY-SI-ZII ☐ Delete DILE Change Addition NAMI NAMI STREET ADORESS STRUET ADDRESS CHY-ST-7(P CITY-S1-7IP Delete Change ■ Addition 11111 THE NAMI. ΝΑΜΓ STRULL ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ШŒ. Defete HILE Change Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP 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 logal effect as if made under eath; 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:

FILED