

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000002698

**FILED**  
**Jan 27, 2013**  
**Secretary of State**  
**CC3992194676**

**Entity Name:** SUN VIEW WINDOW CLEANING INC.

**Current Principal Place of Business:**

5230 CLOVER MIST DRIVE  
APOLLO BEACH, FL 33572

**Current Mailing Address:**

5230 CLOVER MIST DRIVE  
APOLLO BEACH, FL 33572 US

**FEI Number:** 26-3751772

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WHITTLE, DOUGLAS J  
5230 CLOVER MIST DRIVE  
APOLLO BEACH, FL 33572 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P, D  
Name WHITTLE, DOUGLAS J  
Address 5230 CLOVER MIST DRIVE  
City-State-Zip: APOLLO BEACH FL 33572

Title S, D  
Name WHITTLE, DEBORA L  
Address 5230 CLOVER MIST DRIVE  
City-State-Zip: APOLLO BEACH FL 33572

Title T  
Name WHITTLE, DEBORA L  
Address 5230 CLOVER MIST DRIVE  
City-State-Zip: APOLLO BEACH FL 33572

Title D  
Name WHITTLE, BRIAN J  
Address 5230 CLOVER MIST DRIVE  
City-State-Zip: APOLLO BEACH FL 33572

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DOUGLAS WHITTLE

**PRES.**

**01/27/2013**

Electronic Signature of Signing Officer/Director Detail

Date