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Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90012 042 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

J25721
McCloskey Window Cleaning, Inc.

Principal Place of Business

Mailing Address

3121 SW 21 St
#673
Pembroke Park, FL 33009

PO Box 291798
Davie, FL 33329

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

9/3/86

4. FEI Number

59-2674798

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 3121 SW 21 St

26 PO Box 291798

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 673

27

City & State
Pembroke Park, FL

City & State
Davie FL

Zip Country
33009 USA

Zip Country
33329 USA

24 33009 25 USA

29 33329 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Dennis Crissy
3121 Hidden Hollow Lane
Davie, FL 33328

81 Name

Elizabeth Crissy

82 Street Address (P.O. Box Number is Not Acceptable)

3121 Hidden Hollow Lane

83

84 City

Davie

FL

85 Zip Code
33328

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Elizabeth Crissy* - ELIZABETH CRISSY - President

DATE

2/10/99

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President ☒ DELETE
NAME Dennis Crissy
STREET ADDRESS 3121 Hidden Hollow Lane
CITY-ST-ZIP Davie, FL 33328

1.1 TITLE Vice President ☒ Change ☐ Addition
1.2 NAME Dennis Crissy
1.3 STREET ADDRESS 3121 Hidden Hollow Lane
1.4 CITY-ST-ZIP Davie, FL 33328

TITLE Vice President ☐ DELETE
NAME ELIZABETH CRISSY
STREET ADDRESS 3121 Hidden Hollow Lane
CITY-ST-ZIP Davie, FL 33328

2.1 TITLE President ☒ Change ☐ Addition
2.2 NAME ELIZABETH CRISSY
2.3 STREET ADDRESS 3121 Hidden Hollow Lane
2.4 CITY-ST-ZIP Davie, FL 33328

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Elizabeth Crissy - President
ELIZABETH CRISSY

2/10/99

954 961 6856

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)