FILED
Apr 05, 2007 08:00 AM
Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J25721

1. Entity Name
MCCLOSKEY WINDOW CLEANING, INC.

Principal Place of Business	Mailing Address
3121 SW 21ST #673 PEMBROKE PARK, FL 33009	P O BOX 291798 DAVIE, FL 33329

DO NOT WRITE IN THIS SPACE

03/26/2007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2679798

Applied For
Not Applicable

5. Certificate of Status Desired L $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRISSY, ELIZABETH
3121 HIDDEN HOLLOW LN
DAVIE, FL 33328

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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: _____ DATE
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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	VP
NAME	CRISSY, DENNIS J.
STREET ADDRESS	3121 HIDDEN HOLLOW LN
CITY-ST-ZIP	DAVIE, FL 33328
TITLE	P
NAME	CRISSY, ELIZABETH ANN
STREET ADDRESS	3121 HIDDEN HOLLOW LN
CITY-ST-ZIP	DAVIE, FL 33328
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/11/07-80075-019 150.00

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12. I hereby certify that the information supplied with this filing 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 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: _____ - President 4/2/2007 9549616856
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date Daytime Phone #