

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 10, 2007 08:00 AM  
Secretary of State

DOCUMENT # J94524

1. Entity Name

SEE-KLEER WINDOW CLEANING SERVICE, INC.



Principal Place of Business

9103 B SW 20TH ST  
BOCA RATON, FL 33428 US

Mailing Address

P. O. BOX 273138  
BOCA RATON, FL 33427-3138



04062007

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0012686

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

EISENBERG, SANDER  
9103 B SW 20TH STREET  
BOCA RATON, FL 33428

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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

000000697705  
04/18/07-80052-006 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PVP  
EISENBERG, SANDER  
9103B S.W. 20TH ST.  
BOCA RATON, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
EISENBERG, SHIRLEY  
9103B S.W. 20TH ST.  
BOCA RATON, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHIRLEY Eisenberg

4/6/07

561-482-6674

Date

Daytime Phone #