2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Apr 19, 2005 8:00 am Secretary of State DOCUMENT # P00000116557 04-19-2005 90387 045 ***150.00 NAPLES WINDOW CLEANING, INC. Principal Place of Business Mailing Address 4230 MOLOKAI DRIVE 4230 MOLOKAI DRIVE NAPLES FL 34112 NAPLES EL 34112 2. Principal Place of Business 3. Mailing Address 18463 Royal Hammer Blid 18403 Royal Frammack Blud. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 59-3550943 naples Fl Not Applicable nanks Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 34114 U.S.A 3411 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VENTURA, JOHN PAUL Street Address (P.O. Box Number is Not Acceptable) 4230 MOLOKAI DR NAPLES FL 34112 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 procides (NOTE R FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 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. TITLE ☐ Delete THE ☐ Change ☐ Addition VENTURA, JOHN PAUL STREET ADDRESS 4230 MOLOKIA DR STREET ADDRESS NAPLES FL 34112 CITY-ST-ZIP CITY-ST-7IP TS ☐ Change TITLE ☐ Delete THEF Addition ROBBINS, MALINDA SUE NAME NAME 4230 MOLOKAI DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34112 CITY-ST-ZIP ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7tP ☐ Change Addition DILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZEP HITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 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.

FILED