2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 01, 2006 8:00 am Secretary of State DOCUMENT # P00000116557 1. Entity Name 05-01-2006 90316 006 ***150.00 NAPLES WINDOW CLEANING, INC. Principal Place of Business Mailing Address 18463 ROYAL HAMMOCK BLVD NAPLES FL 34114 18463 ROYAL HAMMOCK BLVD NAPLES FL 34114 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3550943 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VENTURA, JOHIŁ PAUL Street Address (P.O. Box Number is Not Acceptable) 18463 ROYAL HAMMOCK BLVD NAPLES FL 34114 City Zip Code 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 against Kobler FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 20 TITLE ☐ Delete TITLE Change ☐ Addition John Ventura 18463 ROYAL HAMMELL Blud NAME VENTURA, JOHN PAUL NAME STREET ADDRESS 4230 MOLOKIA DR STREET ADDRESS naples FL. 34114 CITY-ST-7IP NAPLES FL 34112 CITY - ST- 7(P mainar Rebburs TIT! F TS ☐ Delete TITLE Change ☐ Addition 18463 Royal Hammack Blud. NAME ROBBINS, MALINDA SUE NAME STREET ADDRESS 4230 MOLOKAI DR STREET ADDRESS naples FL 34114 CITY-ST-ZIP NAPLES FL 34112 CITY-ST-ZIP TITLE ☐ Delete TITLE Change □ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP INLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. 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

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