

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91042 035 \*\*\*150.00

**DOCUMENT # P01000019778**

1. Entity Name

CRYSTAL CLEAR WINDOW CLEANING, INC.



Principal Place of Business

3870 LYONS ROAD  
#108  
COCONUT CREEK FL 33073

Mailing Address

PO BOX 970370  
COCONUT CREEK FL 33097

2. Principal Place of Business

4799 Coconut Creek Pkwy.  
Suite, Apt. #, etc.  
#118

3. Mailing Address

4799 Coconut Creek Pkwy.  
Suite, Apt. #, etc.  
#118

City & State

Coconut Creek, FL

City & State

Coconut Creek, FL

Zip

33063

Country

USA

Zip

33063

Country

USA

4. FEI Number

58-2609628

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMITH, CYNTHIA  
3870 LYONS ROAD  
#108  
COCONUT CREEK FL 33073

7. Name and Address of New Registered Agent

Name

Smith, Cynthia

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

4799 Coconut Creek Pkwy.

#118

City

Coconut Creek

FL

Zip Code

33063

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

*Cynthia Smith*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> Delete
NAME	SMITH, CYNTHIA	
STREET ADDRESS	3870 LYONS ROAD, #108	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SMITH, JEFFREY A	
STREET ADDRESS	3870 LYONS ROAD, #108	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

*Cynthia Smith* Cynthia Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/04

Date

954-701-4859

Daytime Phone #