

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000019778**

1. Entity Name  
**CRYSTAL CLEAR WINDOW CLEANING, INC.**



Principal Place of Business  
**4799 COCONUT CREEK PKWY.  
#118  
COCONUT CREEK, FL 33063**

Mailing Address  
**P.O. BOX 525  
MINOOKA, IL 60447 US**



04142008 No Chg-P CR2E034 (11/05)

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br><b>58-2609628</b>  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                               |

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**SMITH, CYNTHIA  
4799 COCONUT CREEK PKWY.  
#118  
COCONUT CREEK, FL 33063**

**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 re-registering) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**U00000942435  
05/29/08-80020-015 150.00**

**10. OFFICERS AND DIRECTORS**

|                |                         |
|----------------|-------------------------|
| TITLE          | PS                      |
| NAME           | SMITH, CYNTHIA          |
| STREET ADDRESS | 3870 LYONS ROAD, #108   |
| CITY-ST-ZIP    | COCONUT CREEK, FL 33073 |

|                |                         |
|----------------|-------------------------|
| TITLE          | VP                      |
| NAME           | SMITH, JEFFREY A        |
| STREET ADDRESS | 3870 LYONS ROAD, #108   |
| CITY-ST-ZIP    | COCONUT CREEK, FL 33073 |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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|----------------|--|
| 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:** Cynthia Smith  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08 954-701-4859  
Date Daytime Phone #