

2004 FOR PROEIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90059 040 ***150.00

DOCUMENT # P03000002811

1. Entity Name

A & L ADVANCED BLIND & WINDOW CLEANING, INC.



Principal Place of Business

921 E. BISMARCK ST.
HERNANDO FL 33442

Mailing Address

921 E. BISMARCK ST.
HERNANDO FL 33442

2. Principal Place of Business

921 E. Bismarck St
Suite, Apt. #, etc.

3. Mailing Address

921 E Bismarck St
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Hernando FL

City & State

Hernando FL

4. FEI Number

836347691

Applied For

Not Applicable

Zip

34442

Country

Zip

34442

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MENNELLA, ALLISON A
921 E. BISMARCK ST.
HERNANDO FL 33442

7. Name and Address of New Registered Agent

Name

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

City

FL

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 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, 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	PT	<input type="checkbox"/> Delete
NAME	MENNELLA, ALLISON A	
STREET ADDRESS	921 E. BISMARCK ST.	
CITY-ST-ZIP	HERNANDO FL 33442	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MENNELLA, LOUIS P	
STREET ADDRESS	921 E. BISMARCK ST.	
CITY-ST-ZIP	HERNANDO FL 33442	
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		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-23-04 352-341-2411