## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **ANNUAL REPORT (AR)** Aug 27, 2007 8:00 am Secretary of State DOCUMENT # P03000059020 1. Entity Name 08-27-2007 90032 001 \*\*\*150.00 SEACOAST WINDOW CLEANING INC. Principal Place of Business Mailing Address 243 PALM DR., #2 NAPLES FL 34112 243 PALM DR., #2 NAPLES FL 34112 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/07) City & State City & State Applied For 4. FEI Number 68-0555548 Not Applicable Zip Zıp 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 Name WAIGHT, SEAN M Street Address (P.O. Box Number is Not Acceptable) 243 PALM DR., #2 NAPLES FL 34112 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 5, 2007 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 SCACAST WINDOW CLEANING INC. PD 🖎 Delete Change TITLE TITLE SEAN M. WHIGHT WAIGHT, SEAN M NAME NAME 3179 FRIANCISAVE STREET ADDRESS 243 PALM DR., #2 STREET ADDRESS CITY-ST-ZIE NAPLES FL 34112 CITY-ST-ZIP NAPLESIFL 34/12 TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 of 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

FILED

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