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FILED
Mar 10, 2008 8:00 am
Secretary of State

02-21-2008 90025 024 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000059020

1. Entity Name
SEACOAST WINDOW CLEANING INC.

66002969

02132008 Chg-P CR2E034 (12/06)

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
3179 FRANCIS AVE	3179 FRANCIS AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES FL	City & State: NAPLES FL
Zip: 34112-3831 Country: USA	Zip: 34112-3831 Country: USA

4. FEI Number: 88-0555548 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6.-Name and Address of Current Registered Agent

WAIGHT, SEAN M
~~243 PALM DR., #2~~ 3179 FRANCIS AVE
NAPLES, FL 34112

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]
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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WAIGHT, SEAN M 3179 FRANCIS AVE NAPLES, FL 34112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature] 03-07-08 (239) 248-0302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #