

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90168 023 ***150.00

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1. Entity Name

LOOKING GLASS CONSTRUCTION CLEANING CORP.



Principal Place of Business

1557 BIRCHCREST BLVD.
PT. CHARLOTTE FL 33952
US

Mailing Address

1557 BIRCHCREST BLVD.
PT. CHARLOTTE FL 33952
US



2. Principal Place of Business

4980 NW Royal Palm Dr
Suite, Apt. #, etc.

3. Mailing Address

4980 NW Royal Palm Dr
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

ARCADIA FLA

City & State

ARCADIA FLA

4. FEI Number

20-0771210

Applied For

Not Applicable

Zip

34266

Country

US

Zip

34266

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORGENTHAUER, CONNIE
1557 BIRCHCREST BLVD
PORT CHARLOTTE FL 33952

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

Connie S. Morgenthauer

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

(NOTE: Registered Agent signature required when reinstating)

2/27/06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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 PRES ☐ Delete
NAME MORGENTHAUER, CONNIE S
STREET ADDRESS 1557 BIRCHCREST BLVD.
CITY-ST-ZIP PT. CHARLOTTE FL 33952

TITLE T ☒ Delete
NAME TARMAN, YA YOL R
STREET ADDRESS 21525 WINLOCK AVE
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE S ☒ Delete
NAME STILES, VICKI LYNN
STREET ADDRESS 1557 BIRCHCREST BLVD
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Connie S. Morgenthauer

Connie S. Morgenthauer 2/27/06

941-6277910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #