


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90140 005 ***150.00

DOCUMENT # P03000139132 1. Entity Name ROTONDA WINDOW CLEANING, INC.					
Principal Place of Business 523 ROTONDA CRL ROTONDA WEST, FL 33947			Mailing Address 523 ROTONDA CRL ROTONDA WEST, FL 33947		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0334750	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JENNINGS, BRUCE W 523 ROTONDA CRL ROTONDA WEST, FL 33947				7. Name and Address of New Registered Agent Name BRUCE W. JENNINGS Street Address (P.O. Box Number is Not Acceptable) 523 ROTONDA CRL ROTONDA WEST City FL Zip Code 33947	
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 BRUCE W. JENNINGS (NOTE: Registered Agent signature required when reinstating) DATE 4-3-07					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D JENNINGS, BRUCE W <input type="checkbox"/> Delete 523 ROTONDA CRL ROTONDA WEST, FL 33947		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JENNINGS, JAMES <input type="checkbox"/> Delete 905 E. 5TH ENGLEWOOD, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: BRUCE W. JENNINGS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-3-07 Daytime Phone # 941-697-6938		

40050330



03272007 Chg-P CR2E034 (12/p6)

4. FEI Number
20-0334750 Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
Name
BRUCE W. JENNINGS
Street Address (P.O. Box Number is Not Acceptable)
523 ROTONDA CRL
ROTONDA WEST
City
FL Zip Code
33947

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SIGNATURE: **BRUCE W. JENNINGS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **4-3-07** Daytime Phone # **941-697-6938**