## **2006 FOR PROFIT CORPORATION**

## Feb 08, 2006 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # P04000023536** 02-08-2006 90006 014 \*\*\*150.00 ALL BRIGHT WINDOW & PRESSURE CLEANING CORP. Principal Place of Business Mailing Address 3415 63RD AVE EAST 3415 63RD AVE EAST BRADENTON, FL 34203 BRADENTON, FL 34203 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02012006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-0853846 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BURNHAM, DAVID Street Address (P.O. Box Number is Not Acceptable) 3415 63RD AVE EAST BRADENTON, FL 34203 City 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 agont and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE TITLE ☐ Delete Change ☐ Addition BURNHAM, DAVID R NAME NAME STREET ADDRESS 3415 63RD AVE EAST STREET ADDRESS BRADENTON, FL 34203 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition Change ROLAND, JOHN W NAME NAME STREET ADDRESS 3415 63RD AVE EAST STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34203 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition BURNHAM, ROGER C NAME NAME STREET ADDRESS 3415 63RD AVE EAST STREET ADDRESS BRADENTON, FL 34203 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition BURNHAM, KIMBERLY J NAME STREET ADDRESS **3415 63RD AVE EAST** STREET ADDRESS CITY-ST-2IP **BRADENTON, FL 34203** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP

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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 charged, or on an attachment with an addyes, with all other like empowered.

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR