## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000023536

1. Entity Name

ALL BRIGHT WINDOW & PRESSURE CLEANING CORP.



FILED Jan 22, 2007 08:00 AM Secretary of State

Principal Place of Business

3415 63RD AVE EAST BRADENTON, FL 34203

Mailing Address

3415 63RD AVE EAST BRADENTON, FL 34203



01132007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0853846

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BURNHAM, DAVID 3415 63RD AVE EAST BRADENTON, FL 34203

## DO NOT WRITE IN THIS SPACE

|   | e named entity submits this statement for the putions of registered agent. | urpose of changing its registered  | d office or re  | egistered agent, or bo     | th, in the State of Florida. I am familiar with, and accept |
|---|--|--|-----------------|----------------------------|---|
| SIGNATURE.  | Signature, typed or printed name of registered agent and title it          | applicable (NOTE, Registered   | Agen) elgnature | required when reinstating) | DATE  |
| FiLE NOW!!! FEE IS \$150.00<br>After May 1, 2007 Fee will be \$550.00 |  | 9. Election Campaign Financing Trust Fund Contribution. 55.00 May Be Added to Fees |                 |                            | 000000594963<br>01/23/07-80019-024 150.00                   |
| 10.   | OFFICERS AND DIREC   | TORS 4   | •               | f                          | ·, *  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 | P<br>BURNHAM, DAVID R<br>3415 63RD AVE EAST<br>BRADENTON, FL 34203         |  |                 | ,                          |   |
| TITLE NAME STREET ADDRESS CITY-ST-2IP                                 | V<br>ROLAND, JOHN W<br>3415 63RD AVE EAST<br>BRADENTON, FL 34203           |  |                 |                            |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 | ST<br>BURNHAM, KIMBERLY J<br>3415 63RD AVE EAST<br>BRADENTON, FL 34203     |  |                 | DO                         | NOT WRITE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |  |  |                 |                            | THIS SPACE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE                           |  |  |                 |                            |   |

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:

NAME STREET ADDRESS

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/07

Daytime Phone #