

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000071281**

1. Entity Name  
**SHARPER IMAGE WINDOW WASHING, INC.**



Principal Place of Business  
**1685 S WASHINGTON AVE  
TITUSVILLE, FL 32780**

Mailing Address  
**1685 S WASHINGTON AVE  
TITUSVILLE, FL 32780**



01232006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **32-0116556** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CLARK, DAVE  
1685 S WASHINGTON AVE  
TITUSVILLE, FL 32780**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

1100000405169  
02/07/06 00029 010 150.00

**10. OFFICERS AND DIRECTORS**

TITLE **P**  
NAME **CLARK, DAVE**  
STREET ADDRESS **1685 S WASHINGTON AVE**  
CITY-ST-ZIP **TITUSVILLE, FL 32780**

TITLE **V**  
NAME **CLARK, DONNA**  
STREET ADDRESS **1685 S WASHINGTON AVE**  
CITY-ST-ZIP **TITUSVILLE, FL 32780**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** Dave Clark **DAVE CLARK** 01-23-06 321-269-6623  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #