

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P04000097582**

1. Entity Name  
TIDY HOUSE WINDOW WASHING, INC.



Principal Place of Business

5574 SE 135TH STREET  
SUMMERFIELD, FL 34491 US

Mailing Address

PO BOX 1192  
BELLEVIEW, FL 34421-1192 US

**FILED**  
**Sep 14, 2007 08:00 AM**  
**Secretary of State**



06122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1345958

Applied For

Not Applicable

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

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

JETER, RANDY J  
5574 SE 135TH STREET  
SUMMERFIELD, FL 34491

**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

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

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	JETER, RANDY J
STREET ADDRESS	5574 SE 135TH STREET
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	D
NAME	JETER, GENIA G
STREET ADDRESS	5574 SE 135TH STREET
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	D
NAME	JETER, CHRISTOPHER W
STREET ADDRESS	5574 SE 135TH STREET
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	D
NAME	JETER, ADAM J
STREET ADDRESS	P O BOX 1192
CITY-ST-ZIP	BELLEVIEW, FL 344211192
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000773988  
09/14/07-80001-005 150.00

**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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-14-07

Date

352-245-7975

Daytime Phone #