

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 08, 2007 8:00 am**  
**Secretary of State**

06-08-2007 90001 034 \*\*\*150.00

<b>DOCUMENT # P05000016222</b> 1. Entity Name <b>SUN COAST WINDOW CLEANING &amp; PRESSURE WASHING, INC.</b>					
Principal Place of Business <b>PO BOX 07231 FT MYERS, FL 33919</b>			Mailing Address <b>PO BOX 07231 FT MYERS, FL 33919</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>PO BOX 07231</b>			
Suite, Apt. #, etc. <b>2716 SW 4TH TERR</b>		Suite, Apt. #, etc.			
City & State <b>CAPE CORAL FL</b>		City & State <b>FT. MYERS FL</b>			
Zip <b>33991</b>	Country <b>USA</b>	Zip <b>33919</b>	Country <b>USA</b>		
6. Name and Address of Current Registered Agent  <b>MACHA, PETR 2135 CRYSTAL DR APT 46 FT MYERS, FL 33907</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 <u><i>Petr Macha</i></u> DATE <u>6/6/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACHA, PETR 2716 SW 4TH TERRACE CAPE CORAL, FL 33991		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Petr Macha</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					



ATTACHMENT 40120187

#P05000016222

**NOTES**  
DIARY / IDEAS

SUBJECT

6/6/07

HI

I HAVE NOT RECEIVED YOUR FLORIDA  
CORPORATE TAX RETURN(S)  
FOR THE TAX YEAR -2006-

THANK YOU

*Petr Macha*

PETR MACHA

C-239-940 2428