

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000064600

FILED
Sep 14, 2007
Secretary of State

Entity Name: COASTAL WINDOW & PRESSURE CLEANING INC.

Current Principal Place of Business:

3216 SW 8TH CT
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

3216 SW 8TH CT
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 14-1951129

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRIDGES, SHALON
3216 SW 8TH CT
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: M () Delete
Name: BRIDGES, SHALON
Address: 3216 SW 8TH CT
City-St-Zip: CAPE CORAL, FL 33914

Title: O () Delete
Name: BRIDGES, LINDA
Address: 3630 CR 100
City-St-Zip: CORINTA, MS 38834

Title: O () Delete
Name: BRIDGES, LARRY
Address: 3630 CR 100
City-St-Zip: CORINTA, MS 38834

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS (X) Change () Addition
Name: BRIDGES, SHALON
Address: 3216 SW 8TH CT
City-St-Zip: CAPE CORAL, FL 33914

Title: O (X) Change () Addition
Name: BRIDGES, LINDA
Address: 3630 CR 100
City-St-Zip: CORINTH, MS 38834

Title: O (X) Change () Addition
Name: BRIDGES, LARRY
Address: 3630 CR 100
City-St-Zip: CORINTH, MS 38834

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHALON BRIDGES

MGR

09/14/2007

Electronic Signature of Signing Officer or Director

Date