


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90065 003 ***150.00

DOCUMENT # P07000071735	
1. Entity Name JACK & JOE'S WINDOW CLEANING, INC.	

Principal Place of Business 10044 FLANDERS CT. NE 300 BLAINE, MN 55449	Mailing Address 10044 FLANDERS CT. NE 300 BLAINE, MN 55449
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2. Principal Place of Business - No P.O. Box # 10044 Flanders Ct. NE	3. Mailing Address 10044 Flanders Ct. NE
Suite, Apt. #, etc. 300	Suite, Apt. #, etc. 300
City & State Blaine, MN	City & State Blaine, MN
Zip 55449	Country USA



01072008 Chg-P CR2E034 (12/06)

4. FEI Number 41-2013803	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RUEGSEGGER, JACK M 3630 ARTIC CIR. NAPLES, FL 34112	7. Name and Address of New Registered Agent Name Ruegsegger, Jack M Street Address (P.O. Box Number is Not Acceptable) 560 16th Ave. NW City Naples FL Zip Code 34120
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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: **Jack M Ruegsegger** **1-8-07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUEGSEGGER, JACK M 10044 FLANDERS CT NE BLAINE, MN 55449 <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
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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: **Jack M Ruegsegger** **1-8-07** **612-919-7130**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #