

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000012530

1. Corporation Name

MAGIC WINDOW WASHING, INC.

Principal Place of Business

P.O. BOX 271018
TAMPA FL 33688-1018
US

Mailing Address

P.O. BOX 271018
TAMPA FL 33688-1018
US

2. Principal Place of Business

21 23028 Dover Dr

Suite, Apt. #, etc.

22 City & State
23 Land O Lakes FL

24 Zip
34639

25 Country
US

2a. Mailing Address

26 23028 Dover Dr

Suite, Apt. #, etc.

27 City & State
28 Land O Lakes, FL

29 Zip
34639

30 Country
U.S.

9. Name and Address of Current Registered Agent

PLACE, JOSEPH
15215 LIVINGSTON AVENUE #3
LUTZ FL 33549

3. Date Incorporated or Qualified

02/05/1996

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

Place Joseph

82 Street Address (P.O. Box Number is Not Acceptable)

23028 Dover Drive

83

84

Land O Lakes, FL

85

Zip Code
34639

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Joseph L Place

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

Joseph L Place

(NOTE: Registered Agent signature required when reinstating)

4/26/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME PLACE, JOSEPH L
STREET ADDRESS 15215 LIVINGSTON AVENUE #2
CITY-ST-ZIP LUTZ FL 33549

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph L Place

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90274 020 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)