FILED
Feb 23, 2004 8:00 am
Secretary of State

02-09-2004 90047 035 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000001219

1. Entity Name
COASTLINE WINDOW CLEANING, INC.

66402649

Principal Place of Business	Mailing Address
532 SW 57TH STREET CAPE CORAL FL 33914	532 SW 57TH STREET CAPE CORAL FL 33914

02042004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
8912 FAWN RIDGE DR	8912 FAWN RIDGE DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT MYERS FL	City & State: FORT MYERS FL
Zip: 33912 Country: LEE	Zip: 33912 Country: LEE

4. FEI Number 65-0720612 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EVERS, JASON R
~~532 SW 57TH STREET~~ 8912 FAWN RIDGE DR
~~CAPE CORAL, FL 33914~~ FORT MYERS FL 33912

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 ____________________
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT EVERS, JASON R ~~532 SW 57TH STREET~~ ~~CAPE CORAL, FL 33914~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 8912 FAWN RIDGE DR FORT MYERS FL 33912
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV EVERS, KELLY ~~532 SW 57TH STREET~~ ~~CAPE CORAL, FL 33914~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 8912 FAWN RIDGE DR. FORT MYERS FL 33912
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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: ____________________ 2/20/04 239-481-0083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #