

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90022 047 ***150.00

DOCUMENT # P97000001219 1. Entity Name COASTLINE WINDOW CLEANING, INC.	
---	---

Principal Place of Business 8912 FAWN RIDGE DR FORT MYERS, FL 33912	Mailing Address 8912 FAWN RIDGE DR FORT MYERS, FL 33912
---	---

40092004



04042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 8912 FAWN RIDGE DR FORT MYERS, FL 33912

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT EVERS, JASON R 8912 FAWN RIDGE DR FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV EVERS, KELLY 8912 FAWN RIDGE DR FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Jason Evers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/06
Date

239-481-0083
Daytime Phone #