


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90014 027 ***150.00

DOCUMENT # S14984 1. Entity Name PROFESSIONAL WINDOW CLEANING SERVICE, INC.					
Principal Place of Business 1630-B OLD BAINBRIDGE RD. TALLAHASSEE, FL 32303			Mailing Address P.O. BOX 4014 TALLAHASSEE, FL 32315-4014		
2. Principal Place of Business - No P.O. Box # 1630-C Old Bainbridge			3. Mailing Address P.O. Box 4014		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State Tallahassee, Florida			City & State Tallahassee, Florida		
Zip 32315			Zip 32315		
Country Leon			Country Leon		
4. FEI Number 59-3039652			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 NASH, CARLA A 1630-B OLD BAINBRIDGE RD. TALLAHASSEE, FL 32303			7. Name and Address of New Registered Agent Name Melanie A Nash Street Address (P.O. Box Number is Not Acceptable) 2015 Trescott Drive City Tallahassee FL Zip Code 32308		
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 Melanie Nash DATE 4-9-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DPS NASH, CARLA A 2015 TRESPOTT DR. TALLAHASSEE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS Nash, Melanie A 2015 Trescott Dr. Tallahassee, FL 32308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T NASH, CARLA A 2015 TRESPOTT DR. TALLAHASSEE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Nash, Melanie A 2015 Trescott Dr. Tallahassee, FL 32308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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
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: Melanie Nash Melanie Nash <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-9-07 Daytime Phone # 850-224-0999		

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