

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 631037

FILED
Apr 27, 2004
Secretary of State

Entity Name: CONTINENTAL WINDOWS AND GLASS, INC.

Current Principal Place of Business:

4653 L. B. MCLEOD ROAD, SUITE A
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

4653 L. B. MCLEOD ROAD, SUITE A
ORLANDO, FL 32811

New Mailing Address:

FEI Number: 59-1962524 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MIRANDA, JOHN
4653 L. B. MCLEOD ROAD, SUITE A
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSDC () Delete
Name: MIRANDA, JOHN
Address: 4653 L.B. MCLEOD RD. #A
City-St-Zip: ORLANDO, FL

Title: VP () Delete
Name: CLIFTON, DAVID
Address: 4653 L.B. MCLEOD RD. #A
City-St-Zip: ORLANDO, FL 32811

Title: VPTD () Delete
Name: GRINEVICIUTE, RUTA
Address: 4653 LB MCLEOD RD #A
City-St-Zip: ORLANDO, FL 32811

Title: VPD (X) Delete
Name: HARRINGTON, PATRICK
Address: 4653 LB MCLEOD RD #A
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: MIRANDA, JOHN
Address: 4653 L.B. MCLEOD ROAD, SUITE A
City-St-Zip: ORLANDO, FL 32811

Title: P (X) Change () Addition
Name: GRINEVICIUTE, RUTA
Address: 4653 L.B. MCLEOD ROAD, SUITE A
City-St-Zip: ORLANDO, FL 32811

Title: VP (X) Change () Addition
Name: HARRINGTON, PATRICK
Address: 4653 L.B. MCLEOD ROAD, SUITE A
City-St-Zip: ORLANDO, FL 32811

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUTA GRINEVICIUTE

P

04/27/2004

Electronic Signature of Signing Officer or Director

_____ Date