2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 21, 2005 08:00 AM DOCUMENT # P00000047874 **Secretary of State** 1. Entity Name THOMAS ARENDS WINDOWS, INC. Principal Place of Business Mailing Address 16930 NELSON RD BROOKSVILLE FL 34610 16930 NELSON RD BROOKSVILLE FL 34610 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3642661 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARENDS, MICHAELENE F Street Address (P.O. Box Number is Not Acceptable) 16930 NELSON RD SPRING HILL FL 34610 City 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 agen-SIGNATURE d name of registered agent and title it applicable (NOTE Registered Agent signature required when rounstaing) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DP TITLE ☐ Delete fITLE ☐ Change ☐ Addition ARENDS, THOMAS F NAME NAME 8727 ROSEANNE BLVD. STREET ADDRESS STREET ADDRESS 11000000235695 CITY-ST-ZIP NEW PORT RICHEY FL 34654 CITY-ST-ZIP 02/21/05-80028-007 150.00 **TSVD** TITLE Delete atte ☐ Change ☐ Addition NAME ARENDS, MICHAELENE NAME STREET ADDRESS 8727 ROSEANNE BLVD STREET ADDRESS NEW PORT RICHEY FL 34654 CITY-ST-7IP CITY ST-ZIP TITLE Delete HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Teil F Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-702

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 exempte 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-05

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FILED