## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## -- Mar 28, 2005 08:00 AM Secretary of State DOCUMENT # P03000118963 WINDOWS BY SCOTT LEWIS, INC; Principal Place of Business Mailing Address 10450 SE 101 AVE RD. 10450 SE 101 AVE RD. BELLEVIEW, FL 34420 BELLEVIEW, FL 34420 US 03172005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 26-0074292 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SCOTT, LEWIS 10450 SE 101ST AVE RD BELLEVIEW, FL 34420 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 typed or primed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. PVST TITLE NAME LEWIS, SCOTT S. STREET ADDRESS 10450 SE 101ST AVE RD CITY-ST-ZIP BELLEVIEW, FL 34420 TITLE NAME 03/28/05-20059-004 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME. STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this fitting 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 of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address, with all off

OR DIRECTOR

FILED

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