

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90243 035 ***150.00

DOCUMENT # P96000043172

1. Entity Name
GTC HURRICANE WINDOW DISTRIBUTORS, INC.



Principal Place of Business
1461 SW 30TH AVE
STE 24
POMPANO BEACH, FL 33069 US

Mailing Address
1461 SW 30TH AVE
STE 24
POMPANO BEACH, FL 33069 US

54030366



2. Principal Place of Business
1963 W. McNab Rd.
Suite, Apt. #, etc.

3. Mailing Address
1963 W. McNab Rd.
Suite, Apt. #, etc.

City & State
Pompano Beach, FL

City & State
Pompano Beach, FL

Zip
33069

Country
USA

Zip
33069

Country
USA

01062004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0669610

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARKO, DAVID EVERETT
3001 SW 3 AVE
MIAMI, FL 33129

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DEATER, GARY T			NAME			
STREET ADDRESS	631 SQUARE JOHNS LANE			STREET ADDRESS			
CITY-ST-ZIP	PALM CITY, FL 34990			CITY-ST-ZIP			
TITLE	VTD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	TANN, CHARLES A			NAME			
STREET ADDRESS	1617 ADAMS STREET			STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD, FL 33020			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DEATER, GARY T II			NAME			
STREET ADDRESS	2500 NORTHWEST 114TH AVENUE			STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS, FL 33065			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 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: GARY T. DEATER II GARY T. DEATER II 4/8/04 (954) 969-0068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #