2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000005551

Entity Name: WINDOW WORLD OF NORTH CAROLINA, INC.

Apr 03, 2023 **Secretary of State** 1733986624CC

FILED

Current Principal Place of Business:

118 SHAVER ST.,

N. WILKESBORO. NC 28659

Current Mailing Address:

118 SHAVER ST.,

N. WILKESBORO, NC 28659

FEI Number: 56-2036251 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US

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

Officer/Director Detail :

Title **PRESIDENT** Title SEC

KAMODY, STEVE CAUDILL, BONNIE B. Name Name Address Address 118 SHAVER ST. 118 SHAVER ST.

City-State-Zip: N. WILKESBORO NC 28659 N. WILKESBORO NC 28659 City-State-Zip:

DIR Title Title DIR

Name REED, DAVID MCBRIDE, JAMES Name

Address 2970 VIRGINIA BEACH BLVD. Address 4622 COUNTRY CLUB ROAD, SUITE

200

VIRGINIA BEACH VA 23452 City-State-Zip: WINSTON-SALEM NC 27104 City-State-Zip:

Title DIRECTOR Title DIR

Name VANNOY, BETH VANNOY, JAY Name

Address 118 SHAVER STREET 922 C STREET Address

City-State-Zip: NORTH WILKESBORO NC 28659 City-State-Zip: N. WILKESBORO NC 28659

Title **AUTHORIZED PERSON**

Title TREASURER GREGORY, AMY Name

Name PAYNE, JR., TOMMY B. Address 118 SHAVER ST.,

Address 118 SHAVER ST., City-State-Zip: N. WILKESBORO NC 28659

City-State-Zip: N. WILKESBORO NC 28659

I hereby 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 all other like empowered.

04/03/2023 SIGNATURE: AMY GREGORY **AUTHORIZED PERSON**

Electronic Signature of Signing Officer/Director Detail

Date