

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2004 08:00 AM
Secretary of State**

DOCUMENT # 423370

1. Entity Name
IMPERIAL WINDOWS AND DOORS, INC.



Principal Place of Business
**6621 19TH ST. E.
P.O. BOX 805
TALLEVAST, FL 34270-0805**

Mailing Address
**6621 19TH ST. E.
P.O. BOX 805
TALLEVAST, FL 34270-0805**



02192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1453415

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COOLEY, W. T SR.
6621 - 19TH ST., E.
BRADENTON, FL 34243**

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(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**

**U000000130023
04/26/04-80102-013 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COOLEY, W. TRACY
STREET ADDRESS	6621 19TH ST E
CITY- ST- ZIP	BRADENTON, FL
TITLE	SD
NAME	SUTTON, DR. HAROLD S.
STREET ADDRESS	6621 19TH ST E
CITY- ST- ZIP	BRADENTON, FL
TITLE	D
NAME	COOLEY, WILLIAM T JR.
STREET ADDRESS	302 50TH ST W.
CITY- ST- ZIP	BRADENTON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/2004