

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90215 037 \*\*\*150.00

**DOCUMENT # 674807**

1. Entity Name  
**PHIL NIX WINDOW & SCREEN COMPANY, INC.**



Principal Place of Business  
**1511 S. 21ST CT.  
HOLLYWOOD, FL 33020**

Mailing Address  
**1511 S. 21ST CT.  
HOLLYWOOD, FL 33020**

**20042881**



**DO NOT WRITE IN THIS SPACE**

01062005 No Chg-P CR2E034 (10/03)

4. FEI Number **59-2017299** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**MOLASKY, RICHARD  
1511 S. 21ST CT.  
HOLLYWOOD, FL 33020**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	PEREZ, CRISTOBAL
STREET ADDRESS	726 HOLLYWOOD BLVD
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	<del>ST</del>
NAME	<del>PFEFFER, MIKE</del>
STREET ADDRESS	<del>5717 WAYES ST</del>
CITY-ST-ZIP	<del>HOLLYWOOD, FL 33024</del>
TITLE	PDC
NAME	MOLASKY, RICHARD
STREET ADDRESS	10309 WELLEBY 2510 LN
CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	V
NAME	MOLASKY, SCOTT
STREET ADDRESS	10309 WELLEBY ISLES LANE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33351
TITLE	S
NAME	Carroll Wyoneene
STREET ADDRESS	240 NE 42 Ct.
CITY-ST-ZIP	Oakland Park, FL 33334
TITLE	T
NAME	Tomlin Rainard
STREET ADDRESS	11324 NW 15 Court
CITY-ST-ZIP	Pembroke Pines, FL 33024

**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]* **Dick (Richard) Molasky**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/19/05**

Date

**954-922-3437**

Daytime Phone #