## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 674807**

FILED Apr 14, 2009 Secretary of State

Entity Name: PHIL NIX WINDOW & SCREEN COMPANY, INC.

Current P	rincipal Plac	e of Business:		New Princ	ipal Place of Business:
	ST COURT DOD, FL 3302	20			
Current IV	lailing Addre	ss:		New Maili	ng Address:
	ST COURT DOD, FL 3302	20			
FEI Number	: 59-2017299	FEI Number App	olied For ( )	FEI Number Not Appl	icable ( ) Certificate of Status Desired ( )
Name and	Address of	Current Register	red Agent:	Name and	Address of New Registered Agent:
1511 S. 21	', RICHARD ST CT. DOD, FL 3302	20 US			
	e named entity e of Florida.	submits this state	ement for the purp	oose of changing i	ts registered office or registered agent, or both,
SIGNATUI	RE:				
	Electro	nic Signature of F	Registered Agent		Date
	Licotio	9			
Election Car		ng Trust Fund Contr	-		
		ng Trust Fund Contr	-	ADDITION	S/CHANGES TO OFFICERS AND DIRECTOR
OFFICER: Title: Name: Address:	mpaign Financir S AND DIREC	ng Trust Fund Contr CTORS: ) Delete EN J ER ST	-	ADDITION Title: Name: Address: City-St-Zip:	S/CHANGES TO OFFICERS AND DIRECTOR
OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address:	T ( BEST, STEPH 6339 FLETCH HOLLYWOOD	ng Trust Fund Contr CTORS: ) Delete EN J ER ST , FL 33023 ) Delete CHARD EBY ISLES LN	-	Title: Name: Address:	
OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	T ( BEST, STEPH 6339 FLETCH HOLLYWOOD PDC ( MOLASKY, RI 10309 WELLE SUNRISE, FL	ng Trust Fund Contr CTORS:  ) Delete EN J ER ST , FL 33023  ) Delete CHARD EBY ISLES LN 33351  ) Delete COTT EBY ISLES LN	-	Title: Name: Address: City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition
	T ( BEST, STEPH 6339 FLETCH HOLLYWOOD  PDC ( MOLASKY, RI 10309 WELLE SUNRISE, FL  V ( MOLASKY, SC 10309 WELLE	Trust Fund Control CTORS:  ) Delete EN J ER ST , FL 33023  ) Delete CHARD EBY ISLES LN 33351  ) Delete COTT EBY ISLES LN 33351  ) Delete SCHEFFER /E	-	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RICHARD MOLASKY PDC 04/14/2009