


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 8:00 am
Secretary of State

01-23-2008 90011 016 ***150.00

DOCUMENT # F00000005390 1. Entity Name GEORGIA - PALM BEACH ALUMINUM WINDOW CORP.	
---	---

Principal Place of Business 221 JABARA ROAD BAINBRIDGE, GA 39817	Mailing Address PO BOX 603 BAINBRIDGE, GA 39818
--	---

66001882



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 58-0941876	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST. STE. 1 TALLAHASSEE, FL 32301-1283
--

**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:  **CEJ** (NOTE: Registered Agent signature required when reinstating) DATE: **1/17/08**

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JORDAN, WILLIAM M 2009 ASHTON WAY BAINBRIDGE, GA 39819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JORDAN, C E 1016 MEADOW RIDGE DR BAINBRIDGE, GA 39819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JORDAN, ROBERT 1717 OAK DRIVE BAINBRIDGE, GA 39819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemptions contained 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 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:  **2/27/08 229-246-2961**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #