

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Sep 03, 2004 08:00 AM
Secretary of State**

DOCUMENT # F02000002895

1. Entity Name
WEATHERGUARD SYSTEMS INC.



Principal Place of Business
**1910 HILLSHIRE DR.
NEW LONDON, WI 54961**

Mailing Address
**PO BOX 14
NEW LONDON, WI 54961**



08312004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
39-1340874

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MURRAY, LYNN E
2028 NE 20TH TERRACE
CAPE CORAL, FL 33909**

**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 \$550.00
Due by September 8, 2004**

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

**000000171558
09/03/04-80002-003 550.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
MURRAY, JARED J
PO BOX 14
NEW LONDON, WI 54961**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
MURRAY, LYNN E
PO BOX 4068
FT. MYERS, FL 33918**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(f), 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:

Jared Murray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/04 920/82/7120
Date Daytime Phone #