

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005417

FILED
Jan 14, 2009
Secretary of State

Entity Name: LOEWEN WINDOW CENTER OF FLORIDA, INC.

Current Principal Place of Business:

1855 GRIFFIN ROAD
SUITE B-490
DANIA, FL 33004

New Principal Place of Business:

Current Mailing Address:

1855 GRIFFIN ROAD
SUITE B-490
DANIA, FL 33004

New Mailing Address:

FEI Number: 26-1549406 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: WOLTMANN, NORMAN R
Address: 77 HWY 52 WEST
City-St-Zip: STEINBACH, MANITOBA CANADA, R5G 1B2

Title: DP () Delete
Name: ISAAK, WILLIAM M
Address: 2180 SATELLITE BLVD STE 400
City-St-Zip: DULUTH, GA 30097

Title: DV () Delete
Name: ENGLER, MICHAEL
Address: 790 CHIMNEY ROCK RD
City-St-Zip: WESTON, FL 33327

Title: D () Delete
Name: RAHN, HARDY
Address: 44 HWY 52 WEST
City-St-Zip: STEINBACH, MANITOBA CANADA, R5G 1B2

Title: V () Delete
Name: ENGLER, SONJA
Address: 790 CHIMNEY ROAD RD
City-St-Zip: WESTON, FL 33327

Title: CFOT () Delete
Name: KOOP, RONNIE S
Address: 77 HWY 52 WEST
City-St-Zip: STEINBACH, MANITOBA CANADA, R5G 1B2

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SONJA ENGLER

V

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date