



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # F56199 1. Entity Name P & G WINDOW, INC.			
Principal Place of Business % GEORGE KOVAL 400 NW 1ST STREET DANIA, FL 33004		Mailing Address % GEORGE KOVAL 400 NW 1ST STREET DANIA, FL 33004	
DO NOT WRITE IN THIS SPACE			
		02142005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2142604	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent KOVAL, GEORGE 400 NW 1ST STREET DANIA, FL		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		DO NOT WRITE IN THIS SPACE H00000342901 04/29/05-80074-011 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KOVAL, GEORGE 617 NW 10TH ST. DANIA, FL		
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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: <u>GEORGE KOVAL</u> 4-28-05		954-920-7320	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	