2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # H64760

1. Entity Name
TOTAL WINDOW, INC.

Principal Place of Business
1855 GRIFFIN ROAD
B-486
DANIA, FL 33004 US

Mailing Address
P.O. BOX 17388
WEST PALM BEACH, FL 33416-7388 US

03252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2638058
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STOLOW, STEPHEN
1562 GOODWOOD TERRACE
WELLINGTON, FL 33414

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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 _____ 3/29/06
(Signature, typed or printed name of registered agent and title if applicable) (Not a registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

U00000488479
04/17/06-80008-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	STOLOW, CHERYL
STREET ADDRESS	1562 GOODWOOD TERRACE
CITY-ST-ZIP	WELLINGTON,FL 33414,
TITLE	P
NAME	STOLOW, STEPHEN
STREET ADDRESS	1562 GOODWOOD TERRACE
CITY-ST-ZIP	WELLINGTON, FL 33414,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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: _____ 3/29/06 800-344-4550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #