## 2004 FOR PROFIT CORPORATION

## Feb 06, 2004 8:00 am **Secretary of State ANNUAL REPORT** 02-06-2004 90034 007 \*\*\*150.00 **DOCUMENT # H69527** 1. Entity Name RITEWAY WINDOWS AND DOORS, INC. Mailing Address Principal Place of Business 24008594 7400 GEORGIA AVE. STE J 7400 GEORGIA AVE. STE J W PALM BCH., FL 33405 W PALM BCH., FL 33405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02022004 Chq-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-2565969 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CURRY, DANIEL A. Street Address (P.O. Box Number is Not Acceptable) 2550 Lochmore Road 6500 MILITARY TRAIL RIVIERA BEACH, FL 33407 WEST Paul Beach, FL. 33407 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PS TITLE ☐ Delete TITLE Change ☐ Addition CURRY, DANIEL A. #®MF NAME STREET ADDRESS 2550 LOCHMORE ROAD STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33407 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-7IP CITY-ST-ZIP Delete TOLE TITLE Change Addition NAME STREET ADDRÉSS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-7IP Delete ☐ Change □ Addition TITLE TITLE NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CiTY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0860-1217

FILED