

Jan. 9. 1996 11:31PM

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90004 007 ***150.00

DOCUMENT # H85977 1. Entity Name WINDOW DOCTOR, INCORPORATED	
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Principal Place of Business 1133 OLD DIXIE HWY., #7 LAKE PARK, FL 33403-2329	Mailing Address 1133 OLD DIXIE HWY., #7 LAKE PARK, FL 33403-2329
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DO NOT WRITE IN THIS SPACE



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2597762	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**JABLONSKI, JOANNE
220 LAKESHORE DR. #2
LAKE PARK, FL 33403**

**DO NOT WRITE
IN THIS SPACE**

B. 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:  (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

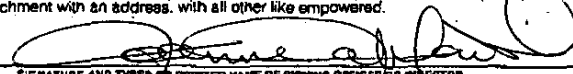
D. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JABLONSKI, JOANNE 220 LAKESHORE DR. #2 LAKE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOFFMAN, ROBERT D 113 OLD DIXIE HWY. WEST PALM BEACH, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd V.P. WILLIAM J. JABLONSKI 220 LAKESHORE DR. #2 LAKE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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(9)(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:  **2/10/04** Date: _____ Daytime Phone: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR