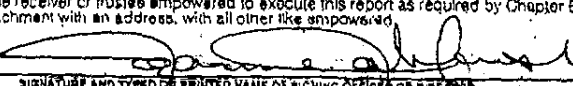


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RBW AND ASSOCIATES

FILED
PAGE 01Apr 30, 2005 08:00 AM
Secretary of State**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H85977					
1. Entity Name WINDOW DOCTOR, INCORPORATED					
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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. PEI Number 59-2597762	
5. Name and Address of Current Registered Agent JABLONSKI, JOANNE 220 LAKESHORE DR. #2 LAKE PARK, FL 33403				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. 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 _____ DATE _____ Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent Signature is required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			8. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JABLONSKI, JOANNE 220 LAKESHORE DR. #2 LAKE PARK, FL 33403	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition UN00000348258 05/02/05-80017-021 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOFFMAN, ROBERT D 113 OLD DIXIE HWY. WEST PALM BEACH, FL 33403	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JABLONSKI, WILLIAM J 220 LAKESHORE DR. #2 WEST PALM BEACH, FL 33403	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: 			4/28/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
JOANNE JABLONSKI					