2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # H85977

1. Entity Name
WINDOW DOCTOR, INCORPORATED

Principal Place of Business	Mailing Address
1133 OLD DIXIE HWY.,#7 LAKE PARK, FL 33403-2329	1133 OLD DIXIE HWY.,#7 LAKE PARK, FL 33403-2329

04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when executing)

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JABLONSKI, JOANNE
STREET ADDRESS	220 LAKESHORE DR. #2
CITY-ST-ZIP	LAKE PARK, FL 33403
TITLE	S
NAME	HOFFMAN, ROBERT D
STREET ADDRESS	113 OLD DIXIE HWY.
CITY-ST-ZIP	WEST PALM BEACH, FL 33403
TITLE	2VP
NAME	JABLONSKI, WILLIAM J
STREET ADDRESS	220 LAKESHORE DR. #2
CITY-ST-ZIP	WEST PALM BEACH, 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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05/05/06-80081-025 150.00

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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: _____ 4/24/06
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)