2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # J01096

1. Entity Name
DIVERSIFIED WINDOW & DOOR, INC.

Principal Place of Business	Mailing Address
HWY. 93 SOUTH PO BOX 769 CAIRO, GA 31728	HWY. 93 SOUTH PO BOX 769 CAIRO, GA 31728

DO NOT WRITE IN THIS SPACE

04112005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2649614

Applied For ☐
Not Applicable ☐

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

6. Name and Address of Current Registered Agent

HARRIS, J. RICHARD
4400 PGA BLVD., SUITE #900
PALM BEACH GARDENS, FL 33410

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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 of new registered agent, if changing (Florida registered agent signature required when changing) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JORDAN, FRANK J.
STREET ADDRESS	1615 VADA RD
CITY ST ZIP	BAINBRIDGE, GA
TITLE	V
NAME	KING, ELIZABETH J.
STREET ADDRESS	1407 OAK DRIVE
CITY ST ZIP	BAINBRIDGE, GA
TITLE	ST
NAME	BOWEN, JAMES D
STREET ADDRESS	158 RIDGE RUN
CITY ST ZIP	CAIRO, GA 31728
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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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.

SIGNATURE: Elizabeth J. King Elizabeth J. King V.P. April 11, 2005 229-377-8866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #