2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 06, 2007 08:00 All Secretary of State DOCUMENT # J01096 1. Entity Name DIVERSIFIED WINDOW & DOOR, INC. Principal Place of Business Mailing Address HWY. 93 SOUTH HWY. 93 SOUTH PO BOX 769 PO BOX 769 **CAIRO GA 31728 CAIRO GA 31728** 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & Stato City & State 4. FEI Number Applied For 59-2649614 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HARRIS, J. RICHARD Street Address (P.O. Box Number is Not Acceptable) 4400 PGA BLVD., SUITE #900 PALM BEACH GARDENS FL 33410 Zip Codo 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 it applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Delete ☐ AddItion HILE TITLE ☐ Change JORDAN, FRANK J. NAME NAME U00000694038 1615 VADA RD STREET ADDRESS STREET ADDRESS 04/17/07-80002-008 158.75 BAINBRIDGE GA CITY-ST-ZIP CHY-S1-ZIP ☐ Defete Change ■ Addition IIILE THIE KING, ELIZABETH J. NAME 1407 OAK DRIVE STREET ADDRESS STREE! ADDRESS BAINBRIDGE GA CITY-ST-ZIP CITY-ST-ZIP ST Change Addition ☐ Delete KING, ELIZABETH J NAME 1407 OAK DRIVE STREET ADDRESS STREET ADDRESS BAINBRIDGE GA CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete JORDAN, FRANK JR 1615 VADA RD STREET ADDRESS STREET ADDRESS BAINBRIDGE GA CITY - ST-ZIP CITY-ST-ZIP Detete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 12. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Dunal Type of PRINTED MINE OF SIGNING OFFICER OR DIRECTOR DAY | 04/04/2007 279-377 8866