

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90039 042 ***158.75

DOCUMENT # K20166

1. Entity Name

FLORIDA WINDOW FASHIONS, INC.



Principal Place of Business

6424 VIA ROSA
BOCA RATON FL 33433
US

Mailing Address

PMB 316
5970 S.W. 18TH ST E1
BOCA RATON FL 33433
US

2. Principal Place of Business

6461 PUMPKIN SEED CR.

3. Mailing Address

SAME

Suite, Apt. #, etc.

227

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

Zip
33433

Country

Zip

Country

4. FEI Number

65-0051082

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRIS, LINDA K

~~6424 VIA ROSA~~
BOCA RATON FL 33433

Name

Street Address (P.O. Box Number is Not Acceptable)

6461 PUMPKIN SEED CR. 227

227

City BOCA RATON

FL

Zip Code
33433

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME HARRIS, LINDA K
STREET ADDRESS 6424 VIA ROSA
CITY-ST-ZIP BOCA RATON FL 33433 ☐ Delete

TITLE DV
NAME GRAY, ALEXANDRIA S
STREET ADDRESS 6424 VIA ROSA
CITY-ST-ZIP BOCA RATON FL 33433 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME LINDA K. HARRIS
STREET ADDRESS 6461 PUMPKIN SEED CR. # 227
CITY-ST-ZIP BOCA RATON FL 33433 ☒ Change ☐ Addition

TITLE DV
NAME ALEXANDRIA S. GRAY
STREET ADDRESS 6461 PUMPKIN SEED CR. # 227
CITY-ST-ZIP BOCA RATON FL 33433 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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)(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:

Linda K. Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-04 561-620-0291

Date Daytime Phone #