


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90339 017 ***158.75


DOCUMENT # K20166 1. Entity Name FLORIDA WINDOW FASHIONS, INC.	
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Principal Place of Business 6461 PUMPKIN SEED CIR., #227 BOCA RATON, FL 33433 US	Mailing Address 6461 PUMPKIN SEED CIR., #227 PMB 316 5970 S.W. 18TH ST E1 BOCA RATON, FL 33433 US
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DO NOT WRITE IN THIS SPACE

COLLECTION

50040184



02032005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0051082	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS, LINDA K
6461 PUMPKIN SEED CIR., #227
BOCA RATON, FL 33433

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HARRIS, LINDA K 6461 PUMPKIN SEED CIR., #227 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV GRAY, ALEXANDRIA S 6461 PUMPKIN SEED CIR., #227 BOCA RATON, FL 33433
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**DO NOT WRITE
IN THIS SPACE**

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 LINDA K. HARRIS 4-14-05 561-620-0291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #