

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

FILED

2004 MAY 17 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # K62432**

1. Entity Name  
**PIERCE-HURT WINDOW CORPORATION**



Principal Place of Business

% THOMAS PIERCE  
1801 BLDG. G HYPOLUXO RD.  
LANTANA, FL 33462

Mailing Address

% THOMAS PIERCE  
1801 BLDG. G HYPOLUXO RD.  
LANTANA, FL 33462



02192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0105003**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

PIERCE, THOMAS  
1801 BLDG G  
HYPOLUXO RD  
LANTANA, FL 33462

**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

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**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	PIERCE, THOMAS E.
STREET ADDRESS	6579 EASTVIEW DR
CITY-ST-ZIP	LANTANA, FL
TITLE	VP
NAME	HURT, LORALIE P.
STREET ADDRESS	6720 EASTVIEW DR
CITY-ST-ZIP	LANTANA, FL
TITLE	S
NAME	HURT, WALTER T.
STREET ADDRESS	6720 EASTVIEW DR
CITY-ST-ZIP	LANTANA, FL
TITLE	T
NAME	PIERCE, SANDRA M.
STREET ADDRESS	6579 EASTVIEW DR
CITY-ST-ZIP	LANTANA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

800036551828  
05/18/04--01052--007 \*\*550.00

**DO NOT WRITE  
IN THIS SPACE**

VEN  
5/17/04

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 *Loralee P. Hurt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/04  
Date

561 585 0054  
Daytime Phone