## FILED May 04, 2005 08:00 AM Secretary of State

## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # M76674 WINDOW & DOOR STORE, INC. Principal Place of Business Mailing Address 825 90TH AVE 825 90TH AVE VERO BEACH, FL 32966 VERO BEACH, FL 32966 01032005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0042636 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BLYTHE, GEORGE H. DO NOT WRITE 825 90TH AVE. VERO BEACH, FL 32966 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 & applicable. (NOTE, Registered Agent signature required when reinstating) **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fee OFFICERS AND DIRECTORS 10. DPT TITLE BLYTHE, GEORGE H. NAME 825 90TH AVE. STREET ADDRESS CITY - ST - ZIP VERO BEACH, FL U00000362029 05/05/05-80100-012 158.75 TITLE BLYTHE, PATRICIA R. NAME STREET ADDRESS 825 90TH AVENUE COTY-ST-ZIP VERO BEACH, FL NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing of indicated on this report or expelemental report is true and a of the corporation or the receiver or frustee empowered to changed, or on an attachment with an address, with all directions.

openior country for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information occurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director equite this replant as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the employed

SIGNATURE: \_\_\_\_\_\_

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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