2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P00000057170

WINDOWS BY DESIGN, ETC., INC.

FILED Apr 26, 2006 08:00 AN **Secretary of State**

Principal Place of Business

1153 GULF BREEZE PKWY

STE #B

GULF BREEZE, FL 32561

Mailing Address

1153 GULF BREEZE PKWY

STE #B

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GULF BREEZE, FL 32561



No Chg-P

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3653072

04252006

CR2E034 (11/05)

5. Certificate of Status Desired

4-25-06

Not Applicable \$8.75 Additional Fee Required

850-934-6077

Applied For

6. Name and Address of Current Registered Agent

HALL, SHERILYN L 1675 CHAMPAGNE AVE GULF BREEZE, FL 32563

SIGNATURE:

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, profitted Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Finance Trust Fund Contribution.	lng 🛮	\$5.00 May Be Added to Fees	•
10. TITLE HAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT P HALL, SHERILYN L 1675 CHAMPAGNE AVE GULF BREEZE, FL 32563	TORS	000000535038 05/08/06-80037-003 158.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HALL, GAYLEN R 1675 CHAMPAGNE AVE GULF BREEZE, FL 32563				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS HALL, AMANDA L 1675 CHAMPAYNE AVE GULF BREEZE, FL 32563				NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CHTY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes, 1 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.					