

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90027 037 ***150.00

DOCUMENT # P00000058618 1. Entity Name WINDOW DOCTOR SPECIALISTS, INC.						
Principal Place of Business 7399 S.E. FLAMIGO WAY HOBE SOUND, FL 33455 US				Mailing Address 7399 S.E. FLAMIGO WAY HOBE SOUND, FL 33455 US		
2. Principal Place of Business 415 SW SQUIRE JOHNS LANE Suite, Apt. #, etc.		3. Mailing Address 415 SW SQUIRE JOHNS LANE Suite, Apt. #, etc.		20030852 		
City & State PALM CITY FL		City & State PALM CITY FL		03262005 Chg-P CR2E034 (10/03)		
Zip 34990		Country USA		4. FEI Number 65-1015220		
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent KEGEL, MARSHA J 7399 SE FLAMINGO WAY HOBE SOUND, FL 33455			7. Name and Address of New Registered Agent Name~ Street Address (P.O. Box Number is Not Acceptable) 415 SW SQUIRE JOHNS LANE City PALM CITY FL 34990			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
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				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS KEGEL, MARSHA J 7399 SE FLAMINGO WAY HOBE SOUND, FL 33455		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	415 SQUIRE JOHN'S LANE PALM CITY FL 23990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KEGEL, KERRY J 7399 SE FLAMINGO WAY HOBE SOUND, FL 33455		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	415 SQUIRE JOHN'S LANE PALM CITY FL 23990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JABLONSKI, WILLIAM 7399 SE FLAMINGO WAY HOBE SOUND, FL 33455		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	415 SQUIRE JOHN'S LANE PALM CITY FL 23990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	
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: <u>Marsha J Kegel</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						
Date: <u>4/7/05</u> Daytime Phone # _____						