2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State
02-25-2008 90040 007 ***150.00

DOCUMENT # P00000058618

1. Entity Name
WINDOW DOCTOR SPECIALISTS, INC.

Principal Place of Business	Mailing Address
~~3756 SE DIXIE HWY~~ STUART, FL 34997 US	~~3756 SE DIXIE HWY~~ STUART, FL 34997 US

4000-

01312008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7695 S.W. ELLIPSE WAY	SAME AS
Suite, Apt. #, etc.	Suite, Apt. #, etc. PRINCIPAL
City & State: STUART FL	City & State:
Zip: 34997 Country: MARTIN	Zip: Country: USA

4. FEI Number: 65-1015220 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KEGEL, MARSHA J ~~3756 SE DIXIE HWY~~ STUART, FL 34997	Name: MARSHA J. KEGEL Street Address (P.O. Box Number is Not Acceptable): 7695 S.W. ELLIPSE WAY City: STUART FL Zip Code: 34997

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: Marsha J Kegel 2/19/08
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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PRES KEGEL, MARSHA J ~~3756 SE DIXIE HWY~~ STUART, FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition ONLY 7695 S.W. ELLIPSE WAY
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KEGEL, KERRY T ~~3756 SE DIXIE HWY~~ STUART, FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition ONLY 7695 S.W. ELLIPSE WAY
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRE JABLONSKI, WILLIAM J ~~3756 SE DIXIE HWY~~ STUART, FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition ONLY 7695 S.W. ELLIPSE WAY
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Marsha J Kegel MARSHA J. KEGEL 2/19/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #