

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000058618

FILED
Oct 21, 2008
Secretary of State**Entity Name:** WINDOW DOCTOR SPECIALISTS, INC.**Current Principal Place of Business:**7695 S.W. ELLIPSEWAY
STUART, FL 34997 US**New Principal Place of Business:**7695 S.W. ELLIPSE WAY
STUART, FL 34997 US**Current Mailing Address:**3756 SE DIXIE HWY
STUART, FL 34997 US**New Mailing Address:**7695 S.W. ELLIPSE WAY
STUART, FL 34997 US**FEI Number:** 65-1015220**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**REGEL, MARSHA J
7695 S.W. ELLIPSE WAY
STUART, FL 34997 US**Name and Address of New Registered Agent:**KEGEL, MARSHA J
7695 S.W. ELLIPSE WAY
STUART, FL 34997 US

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.

SIGNATURE: MARSHA KEGEL

10/21/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PRES () Delete
Name: KEGEL, MARSHA J
Address: 7695 S.W. ELLIPSE WAY
City-St-Zip: STUART, FL 34997**Title:** VP (X) Delete
Name: KEGEL, KERRY T
Address: 7695 S.W. ELLIPSE WAY
City-St-Zip: STUART, FL 34997**Title:** TRE () Delete
Name: JABLONSKI, WILLIAM J
Address: 7695 S.W. ELLIPSE WAY
City-St-Zip: STUART, FL 34997**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARSHA KEGEL

PRES

10/21/2008

Electronic Signature of Signing Officer or Director

Date