

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000058618

FILED  
Nov 12, 2008  
Secretary of State

Entity Name: WINDOW DOCTOR SPECIALISTS, INC.

## Current Principal Place of Business:

7695 S.W. ELLIPSE WAY  
STUART, FL 34997 US

## New Principal Place of Business:

## Current Mailing Address:

7695 S.W. ELLIPSE WAY  
STUART, FL 34997 US

## New Mailing Address:

FEI Number: 65-1015220

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KEGEL, MARSHA J  
7695 S.W. ELLIPSE WAY  
STUART, FL 34997 US

## Name and Address of New Registered Agent:

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:

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: TRE ( ) Delete  
Name: JABLONSKI, WILLIAM J  
Address: 7695 S.W. ELLIPSE WAY  
City-St-Zip: STUART, FL 34997

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: KEGEL, KERRY T VP  
Address: 7695 SW ELLIPSE WAY  
City-St-Zip: STUART, FL 34997

Title: VP ( ) Change (X) Addition  
Name: JABLONSKI, JOANNE  
Address: 7695 SW ELLIPSE WAY  
City-St-Zip: STUART, FL 34997

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 J KEGEL

PRES

11/12/2008

Electronic Signature of Signing Officer or Director

Date