

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 SEP 29 PM 3:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000066062

1. Entity Name  
EMPIRE WINDOW INC.



Principal Place of Business  
1210 E 29TH STREET  
SANFORD, FL 32773

Mailing Address  
P O BOX 471025  
LAKE MONROE, FL 32747-1025



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09242004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3657851

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRADEN, KIP  
1200 SARATOGA LANE  
GENEVA, FL 32732-9492

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VT ☐ Delete  
NAME BRADEN, KIP  
STREET ADDRESS 1200 SARATOGA LANE  
CITY-ST-ZIP GENEVA, FL 327329492

TITLE PS ☐ Delete  
NAME BRADEN, CINDY  
STREET ADDRESS 1200 SARATOGA LANE  
CITY-ST-ZIP GENEVA, FL 327329492

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 300041496363  
CITY-ST-ZIP 09/30/04--01051--006 \*\*61.25

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Assistant Vice-President ☐ Change ☒ Addition  
NAME Scott S. Lewis  
STREET ADDRESS 10450 SE 101 Avenue Road  
CITY-ST-ZIP Belleview FL 34420

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/24/2004

Date

407-343-5900

Daytime Phone #