

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

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



04212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VT
NAME	BRADEN, KIP
STREET ADDRESS	1200 SARATOGA LANE
CITY-ST-ZIP	GENEVA, FL 327329492
TITLE	PS
NAME	BRADEN, CINDY
STREET ADDRESS	1200 SARATOGA LANE
CITY-ST-ZIP	GENEVA, FL 327329492
TITLE	AVP
NAME	LEWIS, SCOTT S
STREET ADDRESS	10450 S.E. 101 AVENUE ROAD
CITY-ST-ZIP	BELLEVUE, FL 34420
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/26/05-80012-005 150.00

**DO NOT WRITE
IN THIS SPACE**

AID

NO DATE
8625 4/21/05

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Cynthia S. Braden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/05

Date

Daytime Phone #