

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # P00000076417

1. Entity Name

TOMOKA WINDOW REPAIR, INC.



Principal Place of Business

**61-B NO. ST. ANDREWS DR.
ORMOND BEACH, FL 32174**

Mailing Address

**61-B NO. ST. ANDREWS DR.
ORMOND BEACH, FL 32174**



01142008

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-3666669

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MORRELL, KEITH R
61-B NO. ST. ANDREWS DR.
ORMOND BEACH, FL 32174**

**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)

THIRD PARTY DATE

03/27/08-80045 017 150.00

**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

**TITLE DPT
NAME MORRELL, KEITH R
STREET ADDRESS 61-B NO. ST. ANDREWS DR.
CITY-ST-ZIP ORMOND BEACH, FL 32174**

**TITLE DVPS
NAME MORRELL, DIANE P
STREET ADDRESS 61-B NO. ST. ANDREWS DR.
CITY-ST-ZIP ORMOND BEACH, FL 32174**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**DO NOT WRITE
IN THIS SPACE**

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:

Keith R Morrell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2

Date

386 615-7878

Daytime Phone #