

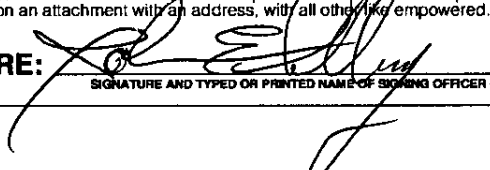


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000092251			FILED 04 OCT 15 AM 11:34 REINSTATEMENT BY <i>th</i>
1. Entity Name CENTRAL WINDOW SALES, INC.			
Principal Place of Business 309 BARTOW MUNICIPAL AIRPORT BARTOW, FL		Mailing Address 309 BARTOW MUNICIPAL AIRPORT BARTOW, FL	
DO NOT WRITE IN THIS SPACE			
		05072004 No Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent ECKELBERRY, JOHN 309 BARTOW MUNICIPAL AIRPORT BARTOW, FL		4. FEI Number 59-3674069 Applied For Not Applicable	
DO NOT WRITE IN THIS SPACE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 300041874953 10/14/04--01016--002 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECKELBERRY, JOHN 64 HARBOUR ESTATES DR WINTER HAVEN, FL 33881		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST O'FERRELL, JENNA 3320 HARBOR BEACH DR LAKE WALES, FL 33859		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ECKELBERRY, JOHN 64 HARBOUR ESTATES DR WINTER HAVEN, FL 33884		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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: 		5-7-04 863-533-0395 Date Daytime Phone #	

Oct 18 04 10:02a

Central Window Sales

(863) 533-6235

PS 2072^{P.1}



Window & Door Specialists

Central Window Sales, Inc.

Attn: Tina Roberts

October 18, 2004

Please take this letter to inform you that I did not receive the prior notice that was sent out. Sorry for any inconvenience this may have caused.

Thank you,

Jenna E. O'Ferrell
Jenna E. O'Ferrell
Secretary/Treasurer