2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000092251

City-St-Zip:

WINTER HAVEN, FL 33884

FILED Apr 21, 2008 Secretary of State

Entity Nar	ne: CENTRAL	. WINDOW SALES, INC.			
Current P	rincipal Place	of Business:	New Principal Place of	New Principal Place of Business:	
309 BARTOW MUNICIPAL AIRPORT BARTOW, FL 33830			309 AVENUE A BARTOW AIRPORT BARTOW, FL 33830		
Current M	ailing Addres	s:	New Mailing Address:	New Mailing Address:	
309 BARTO BARTOW,	OW MUNICIPA FL 33830	L AIRPORT	309 AVENUE A BARTOW AIRPORT BARTOW, FL 33830		
FEI Number:	59-3674069	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
ECKELBERRY, JOHN 309 BARTOW MUNICIPAL AIRPORT BARTOW, FL US			ECKELBERRY, JOHN 309 AVENUE A BARTOW AIRPORT BARTOW, FL 33830 U	309 AVENUE Á	
The above in the State		ubmits this statement for the pu	rpose of changing its registered of	office or registered agent, or both,	
SIGNATUR	RE: JOHN EC	KELBERRY		04/21/2008	
	Electron	ic Signature of Registered Ager	nt	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () ECKELBERRY, 64 HARBOUR E WINTER HAVEN	STATES DR	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	ST () O'FERRELL, JE 4913 WILLOWE WINTER HAVEN	ROOK CIRCLE	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name:	P () ECKELBERRY, 64 HARBOUR F		Title: (Name: Address:) Change () Addition	

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.

City-St-Zip:

SIGNATURE: JENNA E O'FERRELL ST 04/21/2008