

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00-A**  
**Secretary of State**

**DOCUMENT # P00000105255**

1. Entity Name  
**A & P CUSTOM WINDOW MANUFACTURING INC.**



Principal Place of Business  
**1673 S.W. 1ST WAY  
6  
DEERFIELD BEACH, FL 33441**

Mailing Address  
**1673 S.W. 1ST WAY  
6  
DEERFIELD BEACH, FL 33441**



04262006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1053046</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**AUSTIN, CHRISTOPHER  
1673 S.W. 1ST WAY  
#6  
DEERFIELD BEACH, FL 33441**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**U00000556796  
05/17/06-80024-005 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	AUSTIN, CHRISTOPHER T
STREET ADDRESS	1673 S.W. 1ST WAY #6
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441

TITLE	D
NAME	AUSTIN, FRANCIS D
STREET ADDRESS	1673 SW 1ST WAY
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441

TITLE	VPD
NAME	RODRIGUEZ, TOMAS JR.
STREET ADDRESS	1673 SW 1ST WAY, #6
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CHRIS AUSTIN**

**4/26/05**

**954-571-8848**

Date

Daytime Phone #