


2004 FORM 1001 CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90256 046 ***158.75

DOCUMENT # P00000106907

1. Entity Name
OPTIMUM WINDOWS AMERICA, INC.



Principal Place of Business Mailing Address

11171 SEMINOLE BLVD.
 SEMINOLE, FL 33778 11171 SEMINOLE BLVD.
 SEMINOLE, FL 33778

2. Principal Place of Business 3. Mailing Address

13968 W. HILLSBOROUGH AV. **SAME**


Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

TAMPA _____

Zip Country Zip Country

33635 **USA** _____ _____



01122004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

59-3680497 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FERBER, MARY
2481 NE COACHMAN RD.
UNIT 1015
CLEARWATER, FL 33765

7. Name and Address of New Registered Agent

Name **KEN PATRICK**

Street Address (P.O. Box Number is Not Acceptable)
2481 N.E. COACHMAN RD.

UNIT 1015

City **CLEARWATER** FL Zip Code **33765**

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 *Ken Patrick* *Mary Ferber* DATE **4/16/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> Delete
NAME	FERBER, MARY
STREET ADDRESS	2481 NE COACHMAN RD UNIT 1015
CITY-ST-ZIP	CLEARWATER, FL 33765
TITLE	DV <input type="checkbox"/> Delete
NAME	KNIGHTON, ROBERT A
STREET ADDRESS	11606 LIPSEY RD
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEN PATRICK
STREET ADDRESS	2481 N.E. COACHMAN RD - UNIT 1015
CITY-ST-ZIP	CLEARWATER, FL 33765
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Ken Patrick* *Mary Ferber* DATE **4/22/04** **813-855-1999**