

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90172 002 \*\*\*158.75

**DOCUMENT # P00000106907**

**1. Entity Name**  
OPTIMUM WINDOWS AMERICA, INC.



**Principal Place of Business**  
13968 W. HILLSBOROUGH AVE.  
TAMPA, FL 33635

**Mailing Address**  
13968 W. HILLSBOROUGH AVE.  
TAMPA, FL 33635

**2. Principal Place of Business**  
2481 N.E. COACHMAN RD.  
Suite, Apt. #, etc. SUITE 1015

**3. Mailing Address**  
SAME  
Suite, Apt. #, etc.

**City & State**  
CLEARWATER  
**Zip** 33765 **Country** PANAMA

**City & State**  
**Zip** **Country**

04012006 Chg-P CR2E034 (11/05)

**4. FEI Number**  
59-3680497

**Applied For**  
Not Applicable

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

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

PATRICK, KEN  
2481 NE COACHMAN RD.  
UNIT 1015  
CLEARWATER, FL 33765

**7. Name and Address of New Registered Agent**

**Name** SAME  
**Street Address (P.O. Box Number is Not Acceptable)**  
**City** FL **Zip Code**

**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**

**10. OFFICERS AND DIRECTORS**

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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

APRIL 01, 2006 727-647-8525  
Date Daytime Phone #