


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90028 032 ***150.00

DOCUMENT # <i>P00000117397</i>	
1. Entity Name <i>Window Expressions & More, Inc.</i>	

Principal Place of Business 2334 EAST HIGHWAY 100 BUNNELL, FL 32110	Mailing Address 5011 JOHN ANDERSON HWY FLAGLER BEACH, FL 32136
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No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number <i>59-3689177</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <i>Helene Davis</i>

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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 <i>Helene Davis</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<i>January 5, 2008</i> <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE <i>President</i>	NAME <i>Helene DAVIS</i>
STREET ADDRESS <i>2334 E. Hwy. 100</i>	
CITY-ST-ZIP <i>Bunnell, FL 32110</i>	
TITLE NAME	
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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: <i>Helene Davis</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>1-5-08 386437-6001</i> <small>Date Daytime Phone #</small>