


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90073 006 \*\*\*150.00

<b>DOCUMENT # P01000005819</b> 1. Entity Name <b>FLESHER WINDOWS, INC.</b>					
Principal Place of Business <b>511 LEONARD BLVD N LEHIGH ACRES FL 33971</b>			Mailing Address <b>511 LEONARD BLVD N LEHIGH ACRES FL 33971</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>FLESHER, T. AMBER 511 LEONARD BLVD NORTH LEHIGH ACRES FL 33971</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			<b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete		TITLE	2115 S.W. 41st Street <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLESHER, JAMES J		NAME	Cape Coral, FL 33914	
STREET ADDRESS	2415 SW 43RD ST		STREET ADDRESS	Cape Coral, FL 33914	
CITY-ST-ZIP	CAPE CORAL FL 33914		CITY-ST-ZIP	Cape Coral, FL 33914	
TITLE	ST <input type="checkbox"/> Delete		TITLE	2115 S.W. 41st Street <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLESHER, TRACY A		NAME	Cape Coral, FL 33914	
STREET ADDRESS	2415 SW 43RD ST		STREET ADDRESS	Cape Coral, FL 33914	
CITY-ST-ZIP	CAPE CORAL FL 33914		CITY-ST-ZIP	Cape Coral, FL 33914	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 life empowered.					
SIGNATURE: <i>Tracy Amber Fletcher</i>			Date: 3-11-04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 239-369-9196		

24022095



MOORE CR2E034 (11/03)

4. FEI Number **59-3697676** Applied For ☐ Not Applicable ☐

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

**FL** Zip Code

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

## 10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete	
NAME	FLESHER, JAMES J	
STREET ADDRESS	2415 SW 43RD ST	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	ST <input type="checkbox"/> Delete	
NAME	FLESHER, TRACY A	
STREET ADDRESS	2415 SW 43RD ST	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	<input type="checkbox"/> Delete	
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STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE	2115 S.W. 41st Street <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Cape Coral, FL 33914	
STREET ADDRESS	Cape Coral, FL 33914	
CITY-ST-ZIP	Cape Coral, FL 33914	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #