

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

UNFILED
Sep 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000041328

1. Entity Name
KITCHEN AND WINDOW DESIGN CENTER, INC.



Principal Place of Business
6260 COLAN PL.
SUITE A
SARASOTA, FL 34240

Mailing Address
6260 COLAN PL.
SUITE A
SARASOTA, FL 34240



06062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1094487

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOORE, JOHN L
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236

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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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	STREBECK, SHERRY
STREET ADDRESS	6260 COLAN PL. SUITE A
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	VP
NAME	BAKICH, RAY
STREET ADDRESS	6260 COLAN PL. SUITE A
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	D
NAME	STREBECK, MARK
STREET ADDRESS	6260 COLAN PL. SUITE A
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	D
NAME	BAKICH, TRACY
STREET ADDRESS	6260 COLAN PL. SUITE A
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/01/05-80003-006 550.00

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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: *Sherry R. Strebeck*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #