

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 08:00 A**  
**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**



03172007 No Chg-P CR2E034 (11/05)

**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**

**DO NOT WRITE  
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 \$150.00  
After May 1, 2007 Fee will be \$550.00**

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	

U000000692839  
04/16/07-80016-004 150.00

**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 the other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Ray BAKICH**

**4/4/07**

**941-371-2933**

Date

Daytime Phone #