

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90018 014 ***150.00

DOCUMENT # P01000061142

1. Entity Name
WINDOW WORLD OF JACKSONVILLE, INC.



Principal Place of Business
8535 BAYMEADOWS RD., UNIT 12
JACKSONVILLE, FL 32256

Mailing Address
8535 BAYMEADOWS RD., UNIT 12
JACKSONVILLE, FL 32256



03032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3728323	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FITE, EDWIN R
8535 BAYMEADOWS RD., UNIT 12
JACKSONVILLE, FL 32256

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FITE, EDWIN R
STREET ADDRESS	8535 BAYMEADOWS RD., UNIT 12
CITY-ST-ZIP	JACKSONVILLE, FL 32256

TITLE	D
NAME	FITE, BRENDA W
STREET ADDRESS	8535 BAYMEADOWS RD., UNIT 12
CITY-ST-ZIP	JACKSONVILLE, FL 32256

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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:

Edwin R Fite
Edwin Fite
Director

3-3-04

904-443-7001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #