

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90015 011 ***150.00

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1. Entity Name

WINDOW WORLD OF JACKSONVILLE, INC.



Principal Place of Business

Mailing Address

~~8535 BAYMEADOWS RD., UNIT 12~~
JACKSONVILLE FL 32256

~~8535 BAYMEADOWS RD., UNIT 12~~
JACKSONVILLE FL 32256

8110 CYPRESS PLAZA DR STE 405



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3728323

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FITE, EDWIN R

~~8535 BAYMEADOWS RD., UNIT 12~~
JACKSONVILLE FL 32256

8110 CYPRESS PLAZA DR STE 405

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME (ADDRESS ONLY)
STREET ADDRESS 8110 CYPRESS PLAZA DR STE 405
CITY-ST-ZIP 32256

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

TITLE ☐ Change ☐ Addition
NAME 8110 CYPRESS PLAZA DR STE 405
STREET ADDRESS 32256

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

TITLE ☐ Change ☐ Addition
NAME 8110 CYPRESS PLAZA DR STE 405
STREET ADDRESS 32256

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Edwin R Fite

1/31/06