

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000111240

FILED  
Sep 08, 2005  
Secretary of State

Entity Name: WINDOW & DOOR CONNECTIONS, INC.

## Current Principal Place of Business:

1137 SW 16 TERR  
CAPE CORAL, FL 33991

## New Principal Place of Business:

11595 KELLY ROAD  
SUITE #306  
FORT MYERS, FL 33908

## Current Mailing Address:

1137 SW 16 TERR  
CAPE CORAL, FL 33991

## New Mailing Address:

11595 KELLY ROAD  
SUITE #306  
FORT MYERS, FL 33908

FEI Number: 73-1634714

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MAGNUSON, JOHN  
1137 SW 16 TERR  
CAPE CORAL, FL 33991 US

## Name and Address of New Registered Agent:

MAGNUSON, JOHN C  
2816 NW 1ST. STREET  
CAPE CORAL, FL 33993 US

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.

SIGNATURE: JOHN C. MAGNUSON

09/08/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: MAGNUSON, JOHN C  
Address: 1137 SW 16 TERRACE  
City-St-Zip: CAPE CORAL, FL 33991

Title: DVP ( ) Delete  
Name: HESSON, RAYMOND F  
Address: 15 KENTUCKY ROAD  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: DVPS ( ) Delete  
Name: CARUSO, SAMUEL P  
Address: 5839 VANCOUVER CIRCLE  
City-St-Zip: FORT MYERS, FL 33907

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition  
Name: MAGNUSON, JOHN C  
Address: 2816 NW 1ST. STREET  
City-St-Zip: CAPE CORAL, FL 33993

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN C. MAGNUSON

DPT

09/08/2005

Electronic Signature of Signing Officer or Director

Date