


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2004 8:00 am
Secretary of State

09-02-2004 90073 007 ***150.00

DOCUMENT # P01000120864

1. Entity Name
VAVRA WINDOWS, DOORS & MORE, INC.



Principal Place of Business
**5329 WOODVALE DRIVE
 SARASOTA, FL 34232**

Mailing Address
**280 SHILO RD
 SARASOTA, FL 34240**

54071495



2. Principal Place of Business
6326 Tarawa Drive

3. Mailing Address
6326 Tarawa Drive

Suite, Apt. #, etc.

08232004 Chg-P CR2E034 (10/03)

City & State
Sarasota, FL

City & State
Sarasota, FL

Zip
34241 Country
USA

Zip
34241 Country
USA

4. FEI Number
-60-0000007-

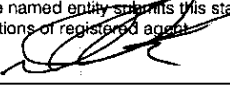
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**VAURA, DANIEL W II
 280 SHILO RD
 SARASOTA, FL 34240**

7. Name and Address of New Registered Agent
 Name
Vavra, Daniel W II
 Street Address (P.O. Box Number is Not Acceptable)
6326 Tarawa Drive
 City
Sarasota FL Zip Code
34241

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:  DATE: **8-23-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> Delete
NAME	VAVRA, DANIEL W II	
STREET ADDRESS	5329 WOODVALE DRIVE	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VAURA, ROBERT M	
STREET ADDRESS	5329 WOODVALE DRIVE	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CULLEN, JOHN J	
STREET ADDRESS	3951 KINGSTON DR	
CITY-ST-ZIP	SARASOTA, FL 34238	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vavra, Daniel W II	
STREET ADDRESS	6326 Tarawa Drive	
CITY-ST-ZIP	Sarasota, FL 34241	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 reports 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:  DATE: **8-23-04** DAYTIME PHONE #: **941 809-6523**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR