## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000012249

City-St-Zip:

CALLAHAN, FL 320111670

FILED Jan 12, 2005 Secretary of State

Entity Name: JUST 'N WINDOWS & DOORS, INC. **Current Principal Place of Business: New Principal Place of Business:** 861286 NORTH HAMPTON CLUB WAY FERNANDINA BEACH, FL 320348700 **Current Mailing Address: New Mailing Address:** 861286 NORTH HAMPTON CLUB WAY FERNANDINA BEACH, FL 320348700 FEI Number: 80-0032173 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JUSTYN, DAVID J 861286 NORTH HAMPTON CLUB WAY FERNANDINA BEACH, FL 320348700 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition JUSTYN, DAVID J JUSTYN, DAVID J Name: Name: 861286 NORTH HAMPTON CLUB WAY 861286 NORTH HAMPTON CLUB WAY Address: Address: City-St-Zip: FERNANDINA BEACH, FL 320348700 City-St-Zip: FERNANDINA BEACH, FL 320348700

Title: DVP Title: () Delete () Change () Addition Name: JUSTYN, MARY A Name: 861286 NORTH HAMPTON CLUB WAY Address: Address: FERNANDINA BEACH, FL 320348700 City-St-Zip: City-St-Zip: Title: () Delete Title: DS () Change () Addition BLAIR, THOMAS A Name: Name: P.O. BOX 1670 - 54025 JEANNIE ROAD Address: Address:

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.

City-St-Zip:

SIGNATURE: THOMAS A. BLAIR DS 01/12/2005