

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000012249

FILED
Mar 28, 2007
Secretary of State

Entity Name: JUST 'N WINDOWS & DOORS, INC.

Current Principal Place of Business:

1888 GARDENIA STREET
FERNANDINA BEACH, FL 320341908 US

New Principal Place of Business:

501 CENTRE STREET
SUITE 101
FERNANDINA BEACH, FL 320343936 US

Current Mailing Address:

1888 GARDENIA STREET
FERNANDINA BEACH, FL 320341908 US

New Mailing Address:

FEI Number: 80-0032173 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JUSTYN, DAVID J
1888 GARDENIA STREET
FERNANDINA BEACH, FL 320341908 US

Name and Address of New Registered Agent:

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:

Title: DPT () Delete
Name: JUSTYN, DAVID J
Address: 1888 GARDENIA STREET
City-St-Zip: FERNANDINA BEACH, FL 320341908 US

Title: DVP () Delete
Name: JUSTYN, MARY A
Address: 1888 GARDENIA STREET
City-St-Zip: FERNANDINA BEACH, FL 320341980

Title: DS () Delete
Name: BLAIR, THOMAS A
Address: P.O. BOX 1670 - 54025 JEANNIE ROAD
City-St-Zip: CALLAHAN, FL 320111670 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 Chapter 119, 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: DAVID JUSTYN

DPT

03/28/2007

Electronic Signature of Signing Officer or Director

_____ Date