


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 24, 2004 8:00 am
Secretary of State

08-24-2004 90002 024 ***550.00

DOCUMENT # P02000025783	
1. Entity Name LEFEVER'S WINDOW & DOORS INC.	

Principal Place of Business 2305 VIA SARDINIA ST. TALLAHASSEE FL 32303	Mailing Address 2305 VIA SARDINIA ST. TALLAHASSEE FL 32303
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2. Principal Place of Business 4035 EDGEWATER DR Suite, Apt. #, etc. FL TALLAHASSEE	3. Mailing Address 4035 EDGEWATER DR Suite, Apt. #, etc. FL TALLAHASSEE
City & State 32310 LEON	City & State 32310 LEON
Zip 32310	Country LEON



MOORE CR2E034 (4/04)

6. Name and Address of Current Registered Agent LEFEVER, CHARLES R 2305 VIA SARDINIA ST. TALLAHASSEE FL 32303	7. Name and Address of New Registered Agent Name LEFEVER CHARLES R. Street Address (P.O. Box, Number is Not Acceptable) 4035 EDGEWATER DR City TALLAHASSEE FL Zip Code 32310
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEFEVER, CHARLES R 2305 VINSADINIA ST TALLAHASSEE FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 life empowered.

SIGNATURE: *Charles R. LeFever* **CHARLES R. LEFEVER** 8/22/04 850 556 4452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #