## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 10, 2006 08:00 AM Secretary of State DOCUMENT # P02000025841 EAS DOORS AND WINDOWS, INC. Principal Place of Business Mailing Address 43 JET DRIVE 43 JET DRIVE FORT WALTON BEACH, FL 32548 FORT WALTON BEACH, FL 32548 CR2E034 (11/05) 02172006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3621388 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE FOSTER, WILLIAM SCOTT 909 MAR WALT DR., STE. 1014 FT. WALTON BEACH, FL 32547 IN THIS SPACE 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 Signature, lyped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE MCDONALD, TIMOTHY JOHN NAME STREET ADDRESS 43 NW JET DR. 000000498151 04/22/06-80084-086 150.00 CITY-ST-ZIP FT. WALTON BEACH, FL 32548 TITLE NAME STREET ADDRESS CHY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CHTY -ST - ZIP TITLE NAME STREET ABORESS C(TY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as it made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to expect this report as required by Chapter 807, 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:

NAME STREET ADDRESS CITY-ST-ZIP

Includ

1/3/06

**FILED** 

850-244-9095