

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90034 049 ***550.00

DOCUMENT # P02000068361

1. Entity Name

WEATHERGUARD BUILDING PRODUCTS, INC.



Principal Place of Business

9040 BELVEDERE RD.
WEST PALM BEACH, FL 33411

Mailing Address

9040 BELVEDERE RD.
WEST PALM BEACH, FL 33411

50066152



DO NOT WRITE IN THIS SPACE

08092005 No Chg-P CR2E034 (10/03)

4. FEI Number

01-0722920

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PALMER, ADAM D ESQ
SCHOEPPL & BURKE, PA
4651 N FEDERAL HWY
BOCA RATON, FL 33431

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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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVST
NAME ZAJAC, DAVID T
STREET ADDRESS 3101 TUXEDO AVE
CITY-ST-ZIP W PALM BCH, FL 33405

TITLE D
NAME ZAJAC, DAVID T
STREET ADDRESS 3101 TUXEDO AVE
CITY-ST-ZIP W PALM BCH, FL 33405

TITLE C
NAME WHELAN, PATRICK F
STREET ADDRESS 3101 TUXEDO AVE
CITY-ST-ZIP W PALM BCH, FL 33405

TITLE D
NAME GLICKMAN, DEBRA
STREET ADDRESS 3101 TUXEDO AVE
CITY-ST-ZIP W PALM BCH, FL 33405

TITLE D
NAME DAVIDOFF, HOWARD
STREET ADDRESS 3101 TUXEDO AVE
CITY-ST-ZIP W PALM BCH, FL 33405

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____