

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 01, 2005 8:00 am
Secretary of State

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03152005 Chg-P CR2E034 (10/03)

DOCUMENT # P02000085285 1. Entity Name SCHAEFER WINDOWS & DOORS, INC.					
Principal Place of Business 1029 N. FLORIDA MANGO RD. #13 WEST PALM BEACH, FL 33409			Mailing Address 1029 N. FLORIDA MANGO RD. #13 WEST PALM BEACH, FL 33409		
2. Principal Place of Business 1029 N. Florida Mango Rd. Suite, Apt. #, etc. Bay # 7		3. Mailing Address 1029 N. Florida Mango Rd. Suite, Apt. #, etc. Bay # 7		4. FEI Number 35-2176679	
City & State West Palm Beach, FL		City & State West Palm Beach, FL			
Zip 33409		Country P.B.C.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHAEFER, CYNTHIA J 1020 LAKE CLARKE DR. WEST PALM BEACH, FL 33406				7. Name and Address of New Registered Agent Name Cynthia J. Schaefer Street Address (P.O. Box Number is Not Acceptable) 1029 N. Florida Mango Rd. Bay # 7 City West Palm Beach FL Zip Code 33409	
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 Cynthia J. Schaefer DATE 3/17/05 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHAEFER, SCOTT J 1020 LAKE CLARKE DR. WEST PALM BEACH, FL 33406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1029 N. Florida Mango Rd., Bay # 7 West Palm Beach, FL 33409		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST SCHAEFER, CYNTHIA J 1020 LAKE CLARKE DR. WEST PALM BEACH, FL 33406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1029 N. Florida Mango Rd., Bay # 7 West Palm Beach, FL 33409		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: Cynthia J. Schaefer (Cynthia J. Schaefer) DATE 3/17/05 DAYTIME PHONE # 561-615-5253 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					