2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000101374

Name:

Address:

City-St-Zip:

DDUIGE DOUBLE MUNICIPALITY AND DOODS INC

FILED Mar 23, 2005 Secretary of State

Entity Name: BRUCE BOLING WINDOWS AND DOORS, INC.							
Current Principal Place of Business:				New Principal Place of Business:			
4831 OAKBROOKE PLACE ORLANDO, FL 32812				4914 OAKBROOKE PLACE ORLANDO, FL 32812			
Current Mailing Address:				New Mailing Address:			
4831 OAKBROOKE PLACE ORLANDO, FL 32812				4914 OAKBROOKE PLACE ORLANDO, FL 32812			
FEI Number: 05-0532106 FEI Number Applied For () FEI Nu			FEI Nur	mber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
BOLING, BRUCE 4831 OAKBROOKE PLACE ORLANDO, FL 32812 US				BOLING, BRUCE 4914 OAKBROOKE PLACE ORLANDO, FL 32812 US			
The above in the State	named entity s of Florida.	submits this statement for the p	purpose o	f changing it	s registere	d office or registered agent, or both,	
SIGNATURE:				03/23/2005			
Electronic Signature of Registered Agent						Date	
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$			
Title: Name: Address: City-St-Zip:	VP () HA;K, GREG 5236 E KALETH ORLANDO, FL			Title: Name: Address: City-St-Zip:	VP HALE, GRE 5236 E KAL ORLANDO,	ETH STREET	
Title: Name: Address: City-St-Zip:	P () BOLING, BRUC 4831 CAKBROO ORLANDO, FL	OKE PL		Title: Name: Address: City-St-Zip:	P BOLING, BF 4914 OAKE ORLANDO,	BROOKE PL	
Title [.]	()	Delete		Title [.]	VP	() Change (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

WATTS, JUSTIN 4914 OAKBROOKE PLACE

ORLANDO, FL 32812

SIGNATURE: BRUCE BOLING **PRES** 03/23/2005