

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000103368

FILED
Dec 09, 2004
Secretary of State

Entity Name: ALL SEASONS WINDOWS AND SUNROOMS INC.

Current Principal Place of Business:

3109 10TH ST.
PENSACOLA, FL 32505

New Principal Place of Business:

8937 PENSACOLA BLVD.
PENSACOLA, FL 32534

Current Mailing Address:

3109 10TH ST.
PENSACOLA, FL 32505 US

New Mailing Address:

8937 PENSACOLA BLVD.
PENSACOLA, FL 32534 US

FEI Number: 03-0484002

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IKNER, THOMAS J
120 MT. ILOT
CANTONEMENT, FL 32533 US

Name and Address of New Registered Agent:

IKNER, THOMAS J
120 MT. PILOT
CANTONEMENT, FL 32533 US

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.

SIGNATURE: THOMAS J IKNER

12/09/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: IKNER, THOMAS J
Address: 120 MT. PILOT
City-St-Zip: CANTONEMENT, FL 32533

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: THOMAS J IKNER

PRES

12/09/2004

Electronic Signature of Signing Officer or Director

Date