

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000112488

FILED  
Jan 24, 2005  
Secretary of State

Entity Name: KEYS TROPICAL WINDOWS, INC.

## Current Principal Place of Business:

97300 OVERSEAS HWY 19A  
KEY LARGO, FL 33037

## New Principal Place of Business:

300 ATLANTIC DRIVE #5  
KEY LARGO, FL 33037

## Current Mailing Address:

97300 OVERSEAS HWY 19A  
KEY LARGO, FL 33037

## New Mailing Address:

300 ATLANTIC DRIVE #5  
KEY LARGO, FL 33037

FEI Number: 04-3718267

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PARDO, JOSEPH E  
215 CANAL STREET  
TAVERNIER, FL 33070 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PARDO, JOSEPH E  
Address: 215 CANAL ST  
City-St-Zip: TAVERNIER, FL 33070

Title: VD ( ) Delete  
Name: WOODALL, STEVE L  
Address: 16960 SW 302 TERR  
City-St-Zip: HOMESTEAD, FL 33030

Title: SD ( ) Delete  
Name: LINARES, ROMAIN  
Address: 474 BAHIA ROAD  
City-St-Zip: KEY LARGO, FL 33037

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JOE PARDO

PD

01/24/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date