2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000001782

1. Entity Name
PRO-STYLE WINDOW TINTERS, INC.

FILED
04 JUL 30 PM 2:59
SECRETARY OF STATE

05/03/04 9067C 014 150.00

Principal Place of Business	Mailing Address
475 S. VOLUSIA AVENUE ORANGE CITY, FL 32763 US	1125 CALDWELL AVENUE ORANGE CITY, FL 32763 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04192004 Chg-P CR2E034 (10/03)

4. FEI Number 02-0662225 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NEFTELBERG, WILLIAM C 1125 CALDWELL AVENUE ORANGE CITY, FL 32763	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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 NEFTELBERG, WILLIAM C 1125 CALDWELL AVENUE ORANGE CITY, FL 32763	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STOUFFER, SHAWN E 1201 LYRIC DRIVE DELTONA, FL 32738	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ 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: ✓ W Neftelberg 4/27/04 386-775-8343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Reynolds & Razza
Accounting & Tax Services

Mary Reynolds, EA
Judi Razza, EA
Jodi Wynn

July 28, 2004

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

re: P03000001782

To Whom It May Concern:

Please find enclosed a copy of the cancelled check for 150.00 mailed and processed timely for the above mentioned Annual Report.

I would ask you to confirm the processing of these documents and therefore stop actions for the dissolution of the corporation.

Should you have any questions, please contact my office.

Sincerely,

Mary Reynolds

Mary Reynolds, EA
Accountant

549 N. Volusia Avenue • Orange City, Florida 32763 • 386-775-4277 Office • 386-775-0601 Fax
www.taxes4u.net