

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000007025

1. Entity Name
 CLEAR VIEW WINDOW INSTALLATIONS, INC.



Principal Place of Business
 3110 HALLOW DRIVE
 DELTONA, FL 32738

Mailing Address
 3110 HALLOW DRIVE
 DELTONA, FL 32738



02232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0669051 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HENSLEE, DAVID MICHAEL
 3110 HALLOW DRIVE
 DELTONA, FL 32738

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD
 NAME HENSLEE, DAVID MICHAEL
 STREET ADDRESS 3110 HALLOW DRIVE
 CITY-ST-ZIP DELTONA, FL 32738

TITLE V
 NAME LENOVER, NATHAN D
 STREET ADDRESS 429 ALAFAYA BLVD, APT 4
 CITY-ST-ZIP OVIEDO, FL 32865

TITLE T
 NAME HENSLEE, LAURA C
 STREET ADDRESS 3110 HALLOW DRIVE
 CITY-ST-ZIP DELTONA, FL 32738

TITLE S
 NAME HENSLEE, LAURA C
 STREET ADDRESS 3110 HALLOW DRIVE
 CITY-ST-ZIP DELTONA, FL 32738

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

110000449489
 03/09/06-80055-007 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

David M. Henslee
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-23-06

Date

Daytime Phone #