## **2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

SIGNATURE:

## Feb 25, 2004 8:00 am **Secretary of State** DOCUMENT # P03000011405 1. Entity Name 02-25-2004 90047 035 \*\*\*150.00 OKEECHOBEE WINDOW & DOOR, INC. Principal Place of Business Mailing Address 101 N.W. 36TH STREET 101 N.W. 36TH STREET **OKEECHOBEE FL 34972** OKEECHOBEE FL 34972 2. Principal Place of Business 3. Mailing Address 101 NW 36th street 101 NW 36th Street Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number 57-1148046 Applied For City & State City & State Florida OKeechobee Okeechobee Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 34972 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STACY D. Scruggs SCRUGGS, CHRISTOPHER M Street Address (P.O. Box Number is Not Acceptable) 101 N.W. 36TH STREET **OKEECHOBEE FL 34972** Oxeechobee 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. sungar (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP TITLE Delete TITLE P, V, b Addition ☐ Change SCRUGGS, CHRISTOPHER M NAME STACY D. Scruggs loi NW 36th Street STREET ADDRESS 101 N.W. 36TH STREET STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL 34972 CITY-ST-78 OKeechobee FC 34972 DVS TITLE ✓ Delete TITLE ☐ Change ☐ Addition RAULERSON, STACY L NAME STREET ADDRESS 17900 HWY 98 NORTH STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL 34972 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 AND TYPED OR PRINTED MANUE OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Daytime Phone #