

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-28-2004 90299 033 ***150.00
 04-30-2004 90265 004 ***150.00

DOCUMENT # P03000035106



1. Entity Name
 FIRST WINDOWS & DOORS, INC.

Principal Place of Business Mailing Address
 11401 WEST HILLSBOROUGH AVENUE 11401 WEST HILLSBOROUGH AVENUE
 SUITE 1030 SUITE 1030
 TAMPA, FL 33635 TAMPA, FL 33635

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03312004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 51-0824767 Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
 1840 SW 22ND ST.
 4TH FLOOR
 MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name *Edward B. Cole, Esq.*
 Street Address (P.O. Box Number is Not Acceptable)
 1370 Pinelust Road
 City *Dreden* FL Zip Code *34698*

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 *Edward B. Cole (Attorney)* DATE *4/28/04*

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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	DEYO, CECELIA	
STREET ADDRESS	2545 STILLWATER CT	
CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	DEYO, JOHN J	
STREET ADDRESS	2545 STILLWATER CT	
CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *John J. Deyo* John J. DEYO - VP DATE *4/28/04* 727-785-7319
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #