

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILE
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000038632

1. Entity Name
FRANK BUZZ WINDOW SERVICES INC.



Principal Place of Business
218 SW VOLTAIR TERRACE
PORT ST. LUCIE, FL 34984

Mailing Address
218 SW VOLTAIR TERRACE
PORT ST. LUCIE, FL 34984



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0010025
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUZZ, FRANK
218 SW VOLTAIR TERRACE
PORT ST. LUCIE, FL 34984

**DO NOT WRITE
IN THIS SPACE**

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

1110000405000
03/22/06 - 500054-010 151 107

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BUZZ, FRANK
218 SW VOLTAIR TERRACE
PORT ST. LUCIE, FL 34984

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
BUZZ, GAIL
218 SW VOLTAIR TERRACE
PORT ST. LUCIE, FL 34984

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

Gail Buzz VP 3/8/06

Date

Daytime Phone #