

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90044 012 ***150.00

DOCUMENT # P03000042088

1. Entity Name

WINDOW SOLUTIONS PLUS, INC.



Principal Place of Business

6042 LAKE DR. NORTH
ST. PETERSBURG FL 33708

Mailing Address

6042 LAKE DR. NORTH
ST. PETERSBURG FL 33708

2. Principal Place of Business

10525 PARK BLVD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 102

City & State

SEMINOLE

City & State

Zip

33772

Zip

FLORIDA

Country

USA

Country

4. FEI Number

01-0777544

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

LENTINE, SEBASTIAN PRESDEN
6042 BAY LAKE DR. NORTH
ST. PETERSBURG FL 33708

7. Name and Address of New Registered Agent

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

SEBASTIAN LENTINE

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

Sebastian Lentine

(NOTE: Registered Agent signature required when reinstating)

1-30-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME LENTINE, SEBASTIAN
STREET ADDRESS 6042 BAY LAKE DR. NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33708

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Sebastian Lentine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEBASTIAN LENTINE

1-30-04

727-399-9100

Date

Daytime Phone #