2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Mar 02, 2004 8:00 am Secretary of State DOCUMENT # P03000053475 1. Entity Name 03-02-2004 90008 028 ***150.00 JAC WINDOORS CORP. Principal Place of Business Mailing Address 2614 W ORANGE BLVD KISSIMMEE FL 34741-3951 2614 W ORANGE BLVD KISSIMMEE FL 34741-3951 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CALVETE, JOSE Street Address (P.O. Box Number is Not Acceptable) 2614 W ORANGE BLVD KISSIMMEE FL 34741-3951 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, 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00. Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F DP Delete Change ☐ Addition TITLE NAME CALVETE, JOSE NAME 2614 W ORANGE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL 34741-3951 CITY-ST-ZIP D۷ TITLE ☐ Defete TITLE ☐ Change ☐ Addition CALVETE, ANDRES NAME NAME STREET ADDRESS 2614 W ORANGE BLVD STREET ADDRESS CITY-ST-7IP KISSIMMEE FL 34741-3951 CITY-ST-7IP Secretary Luis Henry Ovintaro 849 Blanc CT. TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 34759 CITY-ST-ZIP CITY-ST-ZIP Kissimmed TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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

FILED