


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000065100</b> 1. Entity Name <b>JERRY'S WINDOW SERVICE, INC.</b>	
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Principal Place of Business <b>11364 MARTIN LAKES DR N JACKSONVILLE, FL 32220</b>	Mailing Address <b>11364 MARTIN LAKES DR N JACKSONVILLE, FL 32220</b>
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03092006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**01-0792558**

Applied For	Not Applied
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5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>POWERS, THOMAS J 11364 MARTIN LAKES DR N JACKSONVILLE, FL 32220</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	DPT <b>POWERS, THOMAS J 7907 DUBOIS DR JACKSONVILLE, FL 32221</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT <b>POWERS, BILLY S 7907 DUBOIS DR JACKSONVILLE, FL 32221</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OS <b>POWERS, DALE J 7907 DUBOIS DR JACKSONVILLE, FL 32221</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000471756  
03/29/06-80009-013 150.00

**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: Billy S Powers 3/15/06 904 786-1002  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR