

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90006 050 ***150.00

DOCUMENT # P03000107380

1. Entity Name
WINDOWS, DOORS & MORE OF BROWARD CTY, INC.



Principal Place of Business
919 NE 24TH ST
OAKLAND PARK, FL 33334

Mailing Address
919 NE 24TH ST
OAKLAND PARK, FL 33334

54012001



2. Principal Place of Business
~~919 NE 24TH ST~~

3. Mailing Address
~~C/O W.J. TREMBLAY, RA.~~
~~1801 S. FED. HWY STE # 219~~

Suite, Apt. #, etc.

City & State
OAKLAND PARK, FL
DELRAY BEACH, FL.

Zip
33334
33334

Country
USA
USA

01282004 Chg-P CR2E034 (10/03)

4. FEI Number
33-1072188

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TREMBLAY, W.J.
1801 S FEDERAL HWY STE 219
DELRAY BEACH, FL 33483-3334

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVST THIBAUT, JOHN T 919 NE 24TH ST OAKLAND PARK, FL 33334 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P D ST 919 NE 34TH ST. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 life empowered.

SIGNATURE: W J Tremblay 8-23-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #