# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 13, 2009**
**Secretary of State**

DOCUMENT# P03000109842

**Entity Name:** GABLE WINDOW REPLACEMENT INC.

**Current Principal Place of Business:**

10681 JACAMAR DRIVE
NEW PORT RICHEY, FL 34654 US

**New Principal Place of Business:**

**Current Mailing Address:**

10681 JACAMAR DRIVE
NEW PORT RICHEY, FL 34654 US

**New Mailing Address:**

**FEI Number: 20-0312656** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: GABLE, JOEL
Address: 10681 JACAMAR DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: VP ( ) Delete
Name: GABLE, CHRISTINE
Address: 10681 JACAMAR DR
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: S (X) Delete
Name: GABLE, CHRISTINE
Address: 10681 JACAMAR DR
City-St-Zip: NEW PORT RICHEY, FL 34654

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPST (X) Change ( ) Addition
Name: GABLE, CHRISTINE
Address: 10681 JACAMAR DR
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE GABLE VP 02/13/2009

Electronic Signature of Signing Officer or Director Date