


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90384 010 ***158.75

DOCUMENT # P03000113629

1. Entity Name
RON'S WINDOWS, INC.



Principal Place of Business Mailing Address

14927 W. NEWBERRY ROAD **14927 W. NEWBERRY ROAD**
NEWBERRY, FL 32669 **NEWBERRY, FL 32669**

14012258

2. Principal Place of Business 3. Mailing Address

14927 W. Newberry Rd. *14927 W. Newberry Rd.*
 Suite, Apt. #, etc. Suite, Apt. #, etc.



04212005 Chg-P CR2E034 (10/03)

City & State City & State

Newberry, FL *Newberry, FL*

Zip Country Zip Country

32669 *USA* *32669* *USA*

4. FEI Number Applied For

86-1084032 Not Applicable

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

6. Name and Address of Current Registered Agent

MOLYNEUX, RONALD E
14927 W. NEWBERRY ROAD
NEWBERRY, FL 32669

7. Name and Address of New Registered Agent

Name *Cory Molyneux*

Street Address (P.O. Box Number is Not Acceptable)
14927 W. Newberry Rd.

City *Newberry* State **FL** Zip Code *32669*

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 *[Signature]* DATE *4/28/05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLYNEUX, CORY E	NAME	
STREET ADDRESS	14927 W. NEWBERRY ROAD	STREET ADDRESS	
CITY-ST-ZIP	NEWBERRY, FL 32669	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLYNEUX, RONALD E	NAME	
STREET ADDRESS	14927 W. NEWBERRY ROAD	STREET ADDRESS	
CITY-ST-ZIP	NEWBERRY, FL 32669	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Francis Bradley</i>	NAME	
STREET ADDRESS	<i>14927 W. Newberry Rd.</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Newberry, FL 32669</i>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: *4/28/05* Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR