


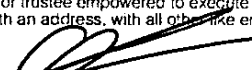


FILED
Aug 17, 2005 8:00 am
Secretary of State

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|---|--|---|--|--|--|
| DOCUMENT # P03000114521 | |  | | Secretary of State 08-17-2005 90001 004 ***158.75 | |
| 1. Entity Name GT WINDOW & DOOR, INC. | | | | | |
| Principal Place of Business 1239 PINEBROOK WAY VENICE, FL 34285 | | Mailing Address 1239 PINEBROOK WAY VENICE, FL 34285 | | | |
| 2. Principal Place of Business 1239 PINEBROOK WAY | | 3. Mailing Address 1239 PINEBROOK WAY | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 08152005 Chg-P CR2E034 (10/03) | |
| City & State VENICE, FL. | | City & State VENICE, FL. | | 4. FEI Number 54-2063345 | |
| Zip 34285 | | Zip 34285 | | Applied For Not Applicable | |
| Country SARASOTA | | Country SARASOTA | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GIOVENCO, LOUIS 1239 PINEBROOK WAY VENICE, FL 34285 | | | | 7. Name and Address of New Registered Agent Name GIOVENCO, LOUIS Street Address (P.O. Box Number is Not Acceptable) 1239 PINEBROOK WAY City VENICE FL Zip Code 34285 | |
| 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  | | | | 8-15-05 Date | |
| Signature, Name, Title of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| P GIOVENCO, LOUIS T 1239 PINEBROOK WAY VENICE, FL 34285 | | | | V MOSCHELLA, MICHAEL C. 3387 ROSLYN RD. VENICE, FL. 34293 | |
| <input checked="" type="checkbox"/> Delete | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| V VAIL, BRENT A 612 A. HARBOR DR. SOUTH VENICE, FL 34285 | | | | T REVALLE, JUSTIN D. 4154 KISKAD RD. NORTH PORT, FL. 34288 | |
| <input checked="" type="checkbox"/> Delete | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| T NORTON, MARK A P O BOX 486 VENICE, FL 34284 | | | | | |
| <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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 like empowered. | | | | | |
| SIGNATURE:  | | | | 8-15-05 239-229-5680 Date Daytime Phone # | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |