


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90433 044 ***150.00

DOCUMENT # P03000115433 1. Entity Name TELLER WINDOW SERVICE, INC.					
Principal Place of Business 1818 17TH STREET SAINT CLOUD, FL 34769			Mailing Address 1818 17TH STREET SAINT CLOUD, FL 34769		
2. Principal Place of Business <u>921 Brookview Lane</u> Suite, Apt. #, etc.		3. Mailing Address <u>921 Brookview Lane</u> Suite, Apt. #, etc.			
City & State <u>Rockledge, FL</u> Zip <u>32955</u> Country		City & State <u>Rockledge, FL</u> Zip <u>32955</u> Country		4. FEI Number 20-0306820	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent TELLER, MICHAEL B 1818 17TH STREET SAINT CLOUD, FL 34769					
7. Name and Address of New Registered Agent Name <u>Teller, Michael B</u> Street Address (P.O. Box Number is Not Acceptable) <u>921 Brookview Lane</u> City <u>Rockledge</u> State <u>FL</u> Zip Code <u>32955</u>					
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 <u>Michael B Teller</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4-27-05</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	PV <input type="checkbox"/> Delete				
NAME	TELLER, MICHAEL B				
STREET ADDRESS	1818 17TH STREET				
CITY-ST-ZIP	SAINT CLOUD, FL 34769				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS	<u>921 Brookview Lane</u>				
CITY-ST-ZIP	<u>Rockledge, FL 32955</u>				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
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 <u>Michael B Teller</u> DATE <u>4-27-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					