


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90312 024 ***150.00

DOCUMENT # P03000118441 1. Entity Name B & L WINDOWS, INC.					
Principal Place of Business 3207 JULIA CT LAKELAND, FL 33810			Mailing Address 3207 JULIA CT LAKELAND, FL 33810		
2. Principal Place of Business 5133 Eagle Nest Drive Suite, Apt. #, etc.		3. Mailing Address 5133 Eagle Nest Drive Suite, Apt. #, etc.			
City & State Lakeland, FL Zip 33810		City & State Lakeland, FL Zip 33810		Country USA	
4. FEI Number 56-2406459		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TODD, BRADFORD ALAN 3207 JULIA CT LAKELAND, FL 33810			7. Name and Address of New Registered Agent Name Todd, Bradford Alan Street Address (P.O. Box Number is Not Acceptable) 5133 Eagle Nest Drive City Lakeland FL Zip Code 33810		
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><i>Bradford Todd</i></u> 3/8/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TODD, BRADFORD ALAN 3207 JULIA CT LAKELAND, FL 33810	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LAMAR, JESSIE 802 PRINSTON STREET LAKELAND, FL 33808	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Todd, Bradford Alan 5133 Eagle Nest Drive Lakeland, FL 33810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LAMAR, JESSIE 802 PRINSTON STREET LAKELAND, FL 33808	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LAMAR, JESSIE 802 PRINSTON STREET LAKELAND, FL 33808	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LAMAR, JESSIE 802 PRINSTON STREET LAKELAND, FL 33808	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LAMAR, JESSIE 802 PRINSTON STREET LAKELAND, FL 33808	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LAMAR, JESSIE 802 PRINSTON STREET LAKELAND, FL 33808	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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><i>Bradford Todd</i></u> 3/8/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					