


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000120267 1. Entity Name RANDALL DELK'S WINDOW SERVICE, INC.	
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Principal Place of Business 253 W 2ND ST OVIEDO, FL 32766 US	Mailing Address 253 W 2ND ST OVIEDO, FL 32766 US
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DO NOT WRITE IN THIS SPACE



02022005 No Chg-P CR2E034 (10/03)

4. FEI Number 80-0080073	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DELK, RANDALL
1002 MCCULLY COURT
OVIEDO, FL 32765

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IN THIS SPACE**

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

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELK, RANDALL 253 W2ND ST OVIEDO, FL 32766
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DELK, TERESA 253 W2ND ST OVIEDO, FL 32766
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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 prepare 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:  **PRESIDENT** **3-23-05** **407-872-4459**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #