## **2005 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**



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

05-02-2005 90570 036 \*\*\*150.00

40.13 61.44

DOCUMENT # P0300 1. Entity Name STEVE'S WINDOWS & DOOR	05-02	
Principal Place of Business	Mailing Address	 i 9 c g r =
410 N. TREMAIN ST. MT. DORA, FL 32757	410 N. TREMAIN ST. MT. DORA, FL 32757	
2 Principal Place of Business	2 44-11 4-1	

MI. DUKA, FI	L 32757		MT. DORA, FL 32757				1 <b>45124</b> 1211 <b>24</b> 12 <b>35</b> 11 <b>36</b>	15+ ME(6 1)50B (	nai 620 aan a		
2. Principal P	lace of Busin	ess	3. Mailing Address								
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			04282005	Chg-P	CR2E0	34 (10/03)		
City & State		City & State	City & State		4. FEI Numb			<del></del>	oplied For		
Zip Country Zip		Zip	Country		5. Certificate	of Status Desired		\$8.75 Add	ditional		
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
CARNITO	TA 1 41 41 / A				Name						
GARNTO, TAMMY A 410 N. TREMAIN ST.			<del> </del>	Street Address (P.O. Box Number is Not Acceptable)							
MT. DORA				L`	Street Address (C.O. Box Number is Not Acceptable)						
	.,	<b>'</b>							·		
					City			FL	Zip Cod		
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											
O.G.IV.TOTIE	Signature, typed	or printed name of registered ag-	ent and title if applicable. (NOTE	. Registered Ag	gent signature require	d when reinstating)		DATE			
										-	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.			ng <b>\$5</b> □ Add	.00 May Be ded to Fees							
10.		OFFICERS AN	ID DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
TITLE	PD		☐ Delete	TITLE	İ				☐ Change	Addition	
NAME	CADNITO				I						
		STEPHEN M		NAME							
STREET ADDRESS	410 N. TR	EMAIN ST.		STREET A	l l						
CITY-SI-ZIP	410 N. TRI MT. DORA		324,		l l	<del>-</del> ,_,_		·		,,,	
CITY-SI-ZIP TITLE	410 N. TRI MT. DORA OD	EMAIN ST. A, FL 32757	☐ Delete	STREET A CITY-ST- TITLE	l l	<del></del>		<u> </u>	☐ Change	☐ Addition	
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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 a address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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