

2004 FOR PROFIT CORPORATION ANNUAL REPORT


9/13/2004-90006-001-\$150.00-\$150.00

FILED

04 OCT -4 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

39076826

DOCUMENT # P03000124131					
1. Entity Name M T WINDOWS & DOORS, INC.					
Principal Place of Business 1449 PRIMROSE LANE HOLLY HILL, FL 32117			Mailing Address 1449 PRIMROSE LANE HOLLY HILL, FL 32117		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0503692	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TADDEO, MICHAEL 1449 PRIMROSE LANE HOLLY HILL, FL 32117				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TADDEO, MICHAEL 1449 PRIMROSE LANE HOLLY HILL, FL 32117 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P S T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GENTRY, REUBIN 1449 PRIMROSE LANE HOLLY HILL, FL 32117 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <i>Michael Taddeo</i> President Michael Taddeo 9-9-04 299-0781					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



Accounting

Bookkeeping

Income Taxes

Insurance

Tax Consulting

Attachment

54072826

September 9, 2004

State of Florida

Division of Corporations

P.O. Box 1500

Tallahassee, FL 32302-1500

Re: M T Windows & Doors, Inc. / Document # P03000124131

Dear Sirs;

This corporation did not receive the Annual Report for filing the 2004 year renewal. A card was received with a deadline of September 8, 2004 for this filing, but due to curfews, evacuations and power loss, it was impossible to have this information completed and sent prior to today.

Please accept this payment in the amount of \$ 150.00 for renewal and changes for the above named.

Thank you very much.

Sincerely,

TROUP FINANCIAL SERVICES

[Signature]
Robert C. Troup