


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90001 041 ***150.00

DOCUMENT # P03000127186 1. Entity Name PATRICK MURRAY WINDOWS INCORPORATED					
Principal Place of Business 6406 WILLOW BEND PLACE TAMPA, FL 33634 US			Mailing Address 6406 WILLOW BEND PLACE TAMPA, FL 33634 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 71-0955693	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MURRAY, PATRICK S JR. 6406 WILLOW BEND PLACE TAMPA, FL 33634				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 _____ <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 \$550.00 Due by September 8, 2004		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	P MURRAY, PATRICK S JR, 6406 WILLOW BEND PLACE TAMPA, FL 33634	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
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>Patrick Murray</i> 5/24/04 813 505-2947 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

34033277



05212004 Chg-P CR2E034 (10/03)

4. FEI Number **71-0955693** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

MURRAY, PATRICK S JR.
6406 WILLOW BEND PLACE
TAMPA, FL 33634

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

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MURRAY, PATRICK S JR,	
STREET ADDRESS	6406 WILLOW BEND PLACE	
CITY-ST-ZIP	TAMPA, FL 33634	

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 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	_____	

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	_____	

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SIGNATURE: *Patrick Murray* **5/24/04** **813** **505-2947**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #