

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90117 001 ***150.00

DOCUMENT # P03000131080 1. Entity Name RAYCO WINDOW & DOOR INC					
Principal Place of Business 47407 NORTH WEST AVENUE PAISLEY, FL 32767			Mailing Address 47407 NORTH WEST AVENUE PAISLEY, FL 32767		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4042005 Chg-P CR2E034 (10/03)	
4. FEI Number <div style="font-size: 1.2em; font-family: cursive;">20-0391569</div>				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			7. Name and Address of New Registered Agent		
DEARMAS, RAYMOND A 47407 NORTH WEST AVE PAISLEY, FL 32767			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <div style="font-size: 1.2em; font-weight: bold;">FL</div> <div>Zip Code</div> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</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	P	<input type="checkbox"/> Delete	TITLE	<div style="font-size: 1.2em; font-family: cursive;">VP</div> <div style="font-size: 1.2em; font-family: cursive;">BRANILIO DE JESUS DURAN SANTANA</div> <div style="font-size: 1.2em; font-family: cursive;">7142 FOREST CITY RD. (APT # 95)</div> <div style="font-size: 1.2em; font-family: cursive;">ORLANDO, FL 32810</div> <div style="text-align: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
NAME	DEARMAS, RAYMOND A		NAME		
STREET ADDRESS	47407 NORTH WEST AVE		STREET ADDRESS		
CITY-ST-ZIP	PAISLEY, FL 32767		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	MULLINS, STEVEN L		NAME		
STREET ADDRESS	29607 NORTH BLVD		STREET ADDRESS		
CITY-ST-ZIP	PAISLEY, FL 32767		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: X			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			Date 4/14/05 Daytime Phone # (407) 942-9258		