

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000144220

FILED  
Feb 17, 2004  
Secretary of State

Entity Name: LORI KNIGHT'S WINDOW MAGIC INC.

## Current Principal Place of Business:

322 W UNIVERSITY  
DELLAND, FL 32720

## New Principal Place of Business:

## Current Mailing Address:

322 W UNIVERSITY  
DELLAND, FL 32720

## New Mailing Address:

FEI Number: 55-0853982

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KNIGHT, LORI  
322 W UNIVERSITY  
DELAND, FL 32720 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: KNIGHT, LORI  
Address: 322 W UNIVERSITY  
City-St-Zip: DELLAND, FL 32720

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: KNIGHT, LORI  
Address: 322 W UNIVERSITY  
City-St-Zip: DELLAND, FL 32720

Title: VP ( ) Change (X) Addition  
Name: COX, JULIE  
Address: 1375 E HUBBARD ST  
City-St-Zip: DELAND, FL 32724

Title: T ( ) Change (X) Addition  
Name: CARNIGAN, RAYMOND V  
Address: 322 W UNIVERSITY AVE  
City-St-Zip: DELAND, FL 32720

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORI KNIGHT

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

02/17/2004

\_\_\_\_\_  
Date