


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90010 004 \*\*\*150.00

<b>DOCUMENT # P03000147928</b> 1. Entity Name <b>S &amp; T WINDOW COMPANY, INC.</b>					
Principal Place of Business <b>335 E DIXIE ST MONTICELLO, FL 32344 US</b>			Mailing Address <b>335 E DIXIE ST MONTICELLO, FL 32344 US</b>		
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 <b>92-0188676</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MAURAN, TRACY 335 E DIXIE ST MONTICELLO, FL 32344</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	<b>MAURAN, STEVEN L</b>		NAME		
STREET ADDRESS	<b>335 E DIXIE ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MONTICELLO, FL 32344</b>		CITY-ST-ZIP		
TITLE	VP	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	<b>MAURAN, TRACY A</b>		NAME		
STREET ADDRESS	<b>335 E DIXIE ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MONTICELLO, FL 32344</b>		CITY-ST-ZIP		
TITLE	S	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	<b>LUTZ, CHARLES W</b>		NAME		
STREET ADDRESS	<b>252 COVE HAVEN DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MONTICELLO, FL 32344</b>		CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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: <i>Tracy A. Mauran</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>4-19-04</b>		Daytime Phone #: <b>997-0243</b>

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