P03000153359

(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

400210332914

07/28/11--01031--005   **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUL 28 AM 10: 02

ODIRes
07/29/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Professional Window Installation, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P03000153359

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeffery D. Tyszko   CEO
(Name of Person)

Professional Window Installation, Inc.
(Name of Firm/Company)

10521 Calico Loop
(Address)

Port Richey. Fl. 34668
(City/State and Zip Code)

For further information concerning this matter. please call:

Jeffery D. Tyszko   at (727) 243-5272
(Name of Person)   (Area Code & Daytime Telephone Number)

Enclosed is a check for $35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
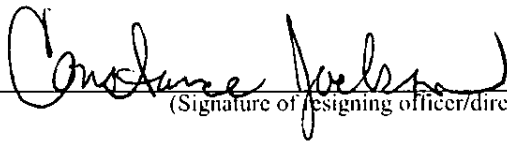Post Office Box 6327
Tallahassee, FL 32314

CR2E044(08/05)

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, __Constance Jackson__, hereby resign as __Director__
(Title)

of __Professional Window Installation, Inc.__,
(Name of Corporation)

__P03000153359__, a corporation organized under the laws of the State of
(Document Number, if known)

__FLORIDA__.

_____
(Signature of resigning officer/director)

FILING FEE IS $35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314