

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90040 028 \*\*\*150.00

DOCUMENT # P03000154400  
 1. Entity Name  
 WEATHERTIGHT EXTERIORS INC.



Principal Place of Business  
 2552 PALM SHORES DRIVE  
 FLORIDA  
 SHALIMAR, FL 32579  
*Weatheright Ext.*

Mailing Address  
 2552 PALM SHORES DRIVE  
 FLORIDA  
 SHALIMAR, FL 32579

2. Principal Place of Business - No P.O. Box #  
 2552 Palm Shores Dr  
 Suite, Apt. #, etc.

3. Mailing Address  
 2552 Palm Shores Dr.  
 Suite, Apt. #, etc.



02012008 Chg-P CR2E034 (12/06)

City & State  
 Shalimar FL

City & State  
 Shalimar FL

4. FEI Number  
 20-0514868

Applied For  
 Not Applicable

Zip  
 32579

Country  
 Oklaheesa

Zip  
 32579

Country  
 Oklaheesa

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

6. Name and Address of Current Registered Agent  
 TANSKI, ELSIE B  
 2552 PALM SHORES DRIVE  
 SHALIMAR, FL 32579

7. Name and Address of New Registered Agent  
 Name - *Elsie Tanski*  
 Street Address (P.O. Box Number is Not Acceptable)  
 2552 Palm Shores Dr  
 City - *Shalimar* FL Zip Code *32579*

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 *Elsie B Tanski* DATE *4-25-08*

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

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$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	PS TANSKI, ELSIE B 2552 PALM SHORES DRIVE SHALIMAR, FL 32579 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TANSKI, JOHN W 2552 PALM SHORES DRIVE SHALIMAR, FL 32579 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STRAUGHN, MONTE 405 FLAMINGO DRIVE DESTIN, FL 32541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Elsie B Tanski* *Elsie B Tanski* 850-651-9188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #