

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90006 049 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000157841

1. Entity Name
PRO-PANE WINDOW INSTALLERS, INC.



Principal Place of Business

**5625 STRUTHERS COURT
WINTER HAVEN, FL 33884**

Mailing Address

**5625 STRUTHERS COURT
WINTER HAVEN, FL 33884**

54067552



2. Principal Place of Business

**760 Lake Ned Rd
Suite, Apt. #, etc.**

3. Mailing Address

**760 Lake Ned Rd
Suite, Apt. #, etc.**

07272004

Chg-P

CR2E034 (10/03)

City & State

Winter Haven Fl

City & State

Winter Haven Fl

4. FEI Number

77-0618993

Applied For

Not Applicable

Zip

33884

Country

Polk

Zip

33884

Country

Polk

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GREEN, JAMES D
9034 WEST FORT ISLAND TRAIL, SUITE 5
CRYSTAL RIVER, FL 34429**

7. Name and Address of New Registered Agent

Name

WALKER C. ANDERS

Street Address (P.O. Box Number is Not Acceptable)

760 Lake Ned Road

City

Winter Haven

FL

Zip Code

33884

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7/29/04

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Pres & Vice Pres
WALKER C ANDERS
760 Lake Ned Rd
Winter Haven, FL 33884**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: **✓**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

7/29/04 ✓ 863 3188107

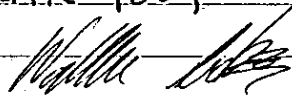
Attachment
Doc. # 03000157841
54067552

To whom it may concern:

7/29/04

Enclosed is the payment of \$150.00 to file the profit annual report. Also, included is the revised form. The name and address of the registered agent was incorrect. Therefore, the corporation did not receive any prior notice.

Thank You,



Walker Anders, President
Pro-Pane Window Installers, Inc.