### 2008 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # P04000001427

1. Entity Name

ATLÁNTIC WINDOW & SCREEN, INC.



FILED Jan 18, 2008 08:00 AM Secretary of State

Principal Place of Business

2039 SAXON BLVD. DELTONA, FL 32725 Mailing Address

P.O. BOX 390123 DELTONA, FL 32739-0123



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01102008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0565551

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

WHITAKER, SAM SR. 1621 TIMBERCREST DR. DELTONA, FL 32739-0123

## DO NOT WRITE IN THIS SPACE

8.	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. It	am iamiliar with, and accept
	the obligations of registered agent.	
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SK	SIGNATURE	

(NOTE: Registered Agent signature required when reinstating)

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9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be Added to Fees

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

10. OFFICERS AND DIR

OFFICERS AND DIRECTORS

- 000000733030 1/22/08-80011-011 150.00

DATE

#### **PVTD** TITLE WHITAKER, SAM SR. NAME STREET ADDRESS P.O. BOX 390123 CITY-ST-ZIP DELTONA, FL 32739 TITLE WHITAKER, JOYCE NAME STREET ADDRESS 2039 SAXON BLVD. CITY-ST-ZIP DELTONA, FL 32725 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

# DO NOT WRITE IN THIS SPACE

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** 

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/08

386-789-5539

Daytime Phone #