

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90053 035 ***150.00

DOCUMENT # P04000012058

1. Entity Name
JOE SCOTT WINDOWS, INC.



Principal Place of Business
**C/O COMPUTERKEEPER INC.
1446 NW 2ND AVE., STE. 105
BOCA RATON, FL 33432**

Mailing Address
**C/O COMPUTERKEEPER INC.
1446 NW 2ND AVE., STE. 105
BOCA RATON, FL 33432**

2. Principal Place of Business
1102 LEISURE LANE
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
BOYNTON BEACH, FL

City & State

Zip
33426 Country **U.S.A.**

Zip Country

01132005 Chg-P CR2E034 (10/03)

4. FEI Number
20-6558615 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCOTT, JOE
C/O COMPUTERKEEPER INC.
1446 NW 2ND AVE., STE. 105
BOCA RATON, FL 33432**

7. Name and Address of New Registered Agent

Name **JOE SCOTT**
Street Address (P.O. Box Number is Not Acceptable)
1102 LEISURE LANE
City **BOYNTON BEACH** **FL** Zip Code **33426**

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 ☒ *Joe Scott* **JOE SCOTT, PR** **01/13/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SCOTT, JOE**
STREET ADDRESS **3730 VILLAGE DRIVE**
CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☐ Addition
NAME **SCOTT, JOE**
STREET ADDRESS **1102 LEISURE LANE**
CITY-ST-ZIP **BOYNTON BEACH, FL 33426**

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: ☒ *Joe Scott* **JOE SCOTT, PR** **01/13/05** **561-441-2450**
Signature and typed or printed name of signing officer or director Date Daytime Phone #