

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000017164

FILED  
Jul 11, 2006  
Secretary of State

**Entity Name:** WINDOW DOCTOR OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

2617 NE 14TH STREET  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

2617 NE 14TH STREET  
OCALA, FL 34470

**New Mailing Address:**

**FEI Number:** 20-0620530

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

IDZIAK, DUANE  
5977 SW 160TH COURT  
OCALA, FL 34481 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: IDZIAK, SUANE  
Address: 5977 SW 160TH COURT  
City-St-Zip: OCALA, FL 34481

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/D (X) Change ( ) Addition  
Name: IDZIAK, DUANE  
Address: 5977 SW 160TH COURT  
City-St-Zip: OCALA, FL 34481

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DUANE IDZIAK

PRES

07/11/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date