


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000025072
 1. Entity Name
 ALL WINDOW REPAIR, INC.



Principal Place of Business 11304 CHATTAHOOCHEE DRIVE N. FORT MYERS, FL 33917	Mailing Address 11304 CHATTAHOOCHEE DRIVE N. FORT MYERS, FL 33917
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DO NOT WRITE IN THIS SPACE



03062006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0683745	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 STRONG, JAY C
 11304 CHATAHOOCHEE DRIVE
 N. FORT MYERS, FL 33917

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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 _____ DATE _____
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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STRONG, JAY C 11304 CHATAHOOCHEE DRIVE N. FORT MYERS, FL 33917
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 06/07/06-80003-004 550.00

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

