2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000025072

1. Entity Name
ALL WINDOW REPAIR, INC.

Principal Place of Business	Mailing Address
11304 CHATTAHOOCHEE DRIVE	11304 CHATTAHOOCHEE DRIVE
N. FORT MYERS, FL 33917	N. FORT MYERS, FL 33917

DO NOT WRITE IN THIS SPACE

04302007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-0683745	Not Applicable

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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IN THIS SPACE

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

U00000754334
05/22/07-80056-025 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	STRONG, JAY C
STREET ADDRESS	11304 CHATAHOOCHEE DRIVE
CITY-ST-ZIP	N. FORT MYERS, FL 33917

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _____ JAY STRONG 4-30-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #