2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000026932

WINDOWS & WALLS BY JUDY, INC.



FILED Apr 21, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

5358 FLORENCE POINT DRIVE FERNANDINA BEACH, FL 32034

5358 FLORENCE POINT DRIVE FERNANDINA BEACH, FL 32034



04172008

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0712870

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

MCELWAIN, JUDY 5358 FLORENCE POINT DRIVE FERNANDINA BEACH, FL 32034

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
FILI After Ma	E NOW!!! FEE IS \$150.00 ny 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			000000909159 05/06/88-80059-019-150,00
TITLE	Р				U5/06/88-80U59-019-150,00
NAME	MCELWAIN, JUDY				
STREET ADDRESS	5358 FLORENCE POINT DRIVE				
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034				
TITLE	D				
NAME	MCELWAIN, TIMOTHY M				
STREET ADDRESS	5358 FLORENCE PT DR				
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	<u></u>			
TITLE					
NAME					
STREET ADDRESS				סמ	NOT WRITE
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STREET ADDRESS					

12. Thereby 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.

CITY-ST-ZIP

Elicain Judy McElwain 4-17-08 904-277-8263