

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90228 046 ***150.00

DOCUMENT # P04000035768 1. Entity Name ADMIRAL WINDOWS AND DOORS, INC.					
Principal Place of Business 12057 LAKE FERN DRIVE JACKSONVILLE FL 32258			Mailing Address 12057 LAKE FERN DRIVE JACKSONVILLE FL 32258		
2. Principal Place of Business 4541-6 Saint Augustine Rd.		3. Mailing Address 4541-6 Saint Augustine Rd.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 27-0081204	
Zip 32207		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ELDRIDGE, CARSON W 12057 LAKE FERN DRIVE JACKSONVILLE FL 32258			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	<input type="checkbox"/> Delete ELDRIDGE, CARSON W		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME ELDRIDGE, CARSON W	12057 LAKE FERN DRIVE		NAME 		
STREET ADDRESS JACKSONVILLE FL 32258			STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
TITLE VP	<input type="checkbox"/> Delete FEDICK, JAMES P		TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME FEDICK, JAMES P	4051 CRANSLEY PL		NAME Fedick, James P		
STREET ADDRESS JACKSONVILLE FL 32257			STREET ADDRESS 7226 Saint Augustine Rd.		
CITY-ST-ZIP 			CITY-ST-ZIP JACKSONVILLE, FL 32217		
TITLE 	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 			NAME 		
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
TITLE 	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 			NAME 		
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
TITLE 	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 			NAME 		
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			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: <u>Carson W. Eldridge</u> 3/30/05 (904) 396-9797 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					