

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000037381

1. Entity Name
RICHARD'S WINDOW REPAIR SERVICE, INC.



Principal Place of Business
**311 N. TYMBER CREEK ROAD
ORMOND BEACH FL 32174**

Mailing Address
**311 N. TYMBER CREEK ROAD
ORMOND BEACH FL 32174**



2. Principal Place of Business
Suite, Apt. # _____

3. Mailing Address
Suite, Apt. #, etc. _____

City & State _____

City & State _____

Zip _____ Country _____

Zip _____ Country _____

1st MOORE CR2E034 (10/05)

4. FEI Number **75-3147771** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**LANDRY, RICHARD W
311 N. TYMBER CREEK ROAD
ORMOND BEACH FL 32174**

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 _____
Typed or printed name of registered agent and applicable NOTE: Registered Agent signature required when reinstating DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$650.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LANDRY, MARGARET E	
STREET ADDRESS	311 N. TYMBER CREEK ROAD	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANDRY, RICHARD W	
STREET ADDRESS	311 N. TYMBER CREEK ROAD	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Richard W. Landry* RICHARD W. LANDRY 3-15-06 386 6722366