


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2007 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # P04000040181 1. Entity Name DIRECT FACTORY WINDOWS, INC. |  |
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| Principal Place of Business 1780 DOYLE RD STE 4 DELTONA, FL 32725 | Mailing Address 1780 DOYLE RD STE 4 DELTONA, FL 32725 |
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04262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 20-0779266 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 8. Name and Address of Current Registered Agent PETTICORD, HERBERT C 811 EAST LEHIGH DR DELTONA, FL 32738 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
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| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PETTICORD, HERBERT C 811 EAST LEHIGH DR DELTONA, FL 32738 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V PETTICORD, MICHELLE 811 EAST LEHIGH DR DELTONA, FL 32738 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SCHMITT, EUGENE J 1138 HEATHER GLEN DRIVE MINNEOLA, FL 34715 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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| <p>U00000763943 05/30/07-80036-013 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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:  **4-30-07** **38-860-8091**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #