

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2005 8:00 am
Secretary of State

04-27-2005 90282 049 ***150.00

DOCUMENT # P04000042822 1. Entity Name ASHTON WINDOWS, INC.																																	
Principal Place of Business 7087 GRAND NATIONAL DR., SUITE 100 ORLANDO, FL 32819 1201 Vineland Rd Wintergarden FL 34787			Mailing Address 7087 GRAND NATIONAL DR., SUITE 100 ORLANDO, FL 32819 1201 Vineland Rd Wintergarden FL 34787																														
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																														
4. FEI Number 56-2455142				Applied For ☐ Not Applicable																													
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				04182005 Chg-P CR2E034 (10/03)																													
6. Name and Address of Current Registered Agent LAVIGNE, JAMES B. 680 7087 GRAND NATIONAL DR., SUITE 100 ORLANDO, FL 32819			7. Name and Address of New Registered Agent Name Ashton, Toby Street Address (P.O. Box Number is Not Acceptable) 13858 Caywood Pond Dr. Wintermere FL 34786 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 TOBY ASHTON DATE 4/22/05 Signature is typed or facsimile of registered agent and size is applicable. (NOTE: Registered Agent signature required when revalidating)																																	
FILE NOW! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees Trust Fund Contribution.																															
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="width: 50%; padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> D ASHTON, TOBY 18 BECKETS CLOSE DEER KENT ST 14 6UD UNITED KINGDOM. </td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"> Ashton, Toby 13858 Caywood Pond Dr. Wintermere FL 34786 </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	D ASHTON, TOBY 18 BECKETS CLOSE DEER KENT ST 14 6UD UNITED KINGDOM.		Ashton, Toby 13858 Caywood Pond Dr. Wintermere FL 34786	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="width: 50%; padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition												
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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: TOBY ASHTON DATE 4/22/05 DAYTIME PHONE 407-656-9227 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																	