

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P04000043597

1. Entity Name

A WINDOW PRO CONTRATING INC.



Principal Place of Business

28230 PASADENA DR.
PUNTA GORDA, FL 33955

Mailing Address

28230 PASADENA DR.
PUNTA GORDA, FL 33955



01212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0724981

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEONARD, RICHARD J
28230 PASADENA DR.
PUNTA GORDA, FL 33955

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEONARD, RICHARD J
STREET ADDRESS	28230 PASADENA DR.
CITY-ST-ZIP	PUNTA GORDA, FL 33955
TITLE	VP
NAME	LEONARD, SHERI A
STREET ADDRESS	28230 PASADENA DR.
CITY-ST-ZIP	PUNTA GORDA, FL 33955
TITLE	VP
NAME	LEONARD, BRANDON J
STREET ADDRESS	11255 FIRST AVE.
CITY-ST-ZIP	PUNTA GORDA, FL 33955
TITLE	SEC.
NAME	HILL, THOMAS F
STREET ADDRESS	23045 ALABASTER AVE.
CITY-ST-ZIP	PT. CHARLOTTE, FL 33952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000196196
01/26/05-80058-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/05 845-286-4524