

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90059 032 ***150.00

DOCUMENT # P04000059486 1. Entity Name SUNSET VIEW WINDOWS & DOORS INC					
Principal Place of Business 148 RILEY AVENUE PALM SPRINGS, FL 33461 US				Mailing Address 148 RILEY AVENUE PALM SPRINGS, FL 33461 US	
2. Principal Place of Business <i>9396 Palomino Dr.</i>		3. Mailing Address <i>9396 Palomino Dr.</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <i>Lake Worth FL</i>		City & State <i>L.W. FL</i>			
Zip <i>33467</i>		Country <i>U.S.A.</i>		Zip <i>33467</i>	
Country <i>U.S.A.</i>		Country <i>U.S.A.</i>			
4. FEI Number 20-0969273				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 BITGOOD, ROBERT 148 RILEY AVENUE PALM SPRINGS, FL 33461				7. Name and Address of New Registered Agent Name <i>Robert B. Itgood</i> Street Address (P.O. Box Number is Not Acceptable) <i>9396 Palomino Dr.</i> City <i>Lake Worth</i> FL Zip Code <i>33467</i>	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 NAME STREET ADDRESS CITY - ST - ZIP	P BITGOOD, ROBERT 148 RILEY AVENUE PALM SPRINGS, FL 33461		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Robert B. Itgood</i> Robert B. Itgood Pres. <i>4/6/05</i> 202-7671 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					