

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90123 016 ***150.00

DOCUMENT # P04000065787

1. Entity Name
WHITCOMB WINDOWS & DOORS, INC.



Principal Place of Business

2520 BOSWELL ST
DELTONA, FL 32738

Mailing Address

2520 BOSWELL ST
DELTONA, FL 32738

2. Principal Place of Business

167 Heather Lane Dr
Suite, Apt. #, etc.

3. Mailing Address

167 Heather Lane Dr
Suite, Apt. #, etc.

City & State

Deltona, FL

City & State

Deltona, FL

Zip

32738

Country

US

Zip

32738

Country

US

03242006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-1568727

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITCOMB, GLENN
2520 BOSWELL ST
DELTONA, FL 32738

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

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVPS
WHITCOMB, BENJAMIN L
2520 BOSWELL ST
DELTONA, FL 32738 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
WHITCOMB, CHRIS
2520 BOSWELL ST
DELTONA, FL 32738 ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D Harting, Donald
2441 Austin Ave
Deltona, FL 32738 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D Evans, Chad
2441 Austin Ave
Deltona, FL 32738 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVPS
Whitcomb, Benjamin L
167 Heather Lane Dr
Deltona, FL 32738 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/24/06 386.804.6806