


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90041 007 \*\*\*150.00

<b>DOCUMENT # P04000108707</b> 1. Entity Name KING'S WINDOW & DOOR INSTALLATION, INC.	
---	---

Principal Place of Business POST OFFICE BOX 1305 SANTA ROSA BEACH, FL 32459	Mailing Address POST OFFICE BOX 1305 SANTA ROSA BEACH, FL 32459
---	---

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

TUCKER, JOYCE A  
1234 AIRPORT ROAD  
118  
DESTIN, FL 32541

**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 reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PRES BROGNIEZ, FRANK PO BOX 1305 SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY ST ZIP	VPR BROGNIEZ, FRANKIE PO BOX 1305 SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY ST ZIP	SEC BROGNIEZ, AMANDA PO BOX 1305 SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:  **5-1-07 850-654-9235**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #