

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 16, 2007 8:00 am**  
**Secretary of State**

07-09-2007 90059 001 \*\*\*300.00

**DOCUMENT # P04000120887**

1. Entity Name  
**WINDOW INSIGHTS II INC.**



Principal Place of Business  
**1948 SAE PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34952**

Mailing Address  
**1948 SAE PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34952**

**66020939**



08132007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1030357**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BOTTERBUSCH, CRYSTAL  
1948 SAE PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34952**

**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  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BOTTERBUSCH, CRYSTAL  
1948 SAE PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34952**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Crystal Botterbusch*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*772-489-9539*



Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

Re: Annual Reports

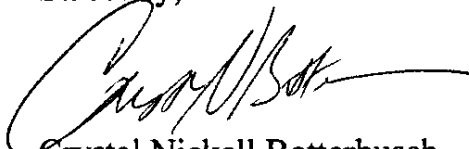
To whom it may concern:

Please find enclosed my 2007 annual reports with the changes you requested. I have enclosed the letters that I received.

The fee for both corporations was paid for with one check. The check was written from Window Insights II, check number 1843, in the amount of \$300.00 (\$150 for Window Insights and \$150 for Window Insights Online. I apologize for the confusion.

Thank you for your time.

Sincerely,



Crystal Nickell Botterbusch

---

Serving the Treasure Coast for 10 Years

Fort Pierce  
(772) 489-9599

Port St. Lucie  
(772) 879-2674

Vero Beach  
(772) 567-2023

Fax  
(772) 462-2255