

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90285 033 ***150.00

DOCUMENT # P04000125624					
1. Entity Name JD WINDOW ENTERPRISES, INC.					
Principal Place of Business 100 RIALTO PL. SUITE 704 MELBOURNE, FL 32901 US			Mailing Address 100 RIALTO PL. SUITE 704 MELBOURNE, FL 32901 US		
2. Principal Place of Business 1290 Highway A1A Suite, Apt. #, etc. Ste 208 City & State Satellite Beach FL Zip 32937 Country BREVARD		3. Mailing Address 1290 Highway A1A Suite, Apt. #, etc. Ste 208 City & State Satellite Beach FL Zip 32937 Country BREVARD			
03042005 Chg-P CR2E034 (10/03)					
4. FEI Number 20-1561371				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 DOEBEREINER, JOHN E 5216 S. HIGHWAY A1A MELBOURNE BEACH, FL 32951			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 _____ (NOTE: Registered Agent signature required when renewing) 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 DOEBEREINER, JOHN E 5216 S. HIGHWAY A1A MELBOURNE BEACH, FL 32951 <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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>JOHN E. DOEBEREINER, Pres.</u> 3/4/05 321-777-4588					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					